CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9 Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D. — Title: Commissioner of Health — 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C P Force — Records Management Officer — 3/19/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER, ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

M. D. R. 1268-9 F-08001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08001

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2606 Huron St. 25-01 Ward)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Travers

(a) Residence: No. 2606 Huron St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Travers

6. DATE OF BIRTH (month, day, year) Jan 5 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) [State or country] Cambridge Maryland

FATHER

13. NAME William Travers

14. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

MOTHER

15. MAIDEN NAME Celestia Lane

16. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

17. INFORMANT Sarah C. Travers

(Address) 2606 Huron st

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 2 1934

19. UNDERTAKER Joseph A Lively

(Address) 409 N. Mount Street

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/6/ 1934 to 12/30/ 1934

I last saw h alive on 12/29/ 1934 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Brights Disease	Jan 1934

Other contributory causes of importance:

Apoplexy	12/27/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 912 Eutaw St.

state CAUSE OF DEATH in terms of OCCUPATION is very important. See instructions. Exact statement of properly classified. a of certificate.

16

M. D. P. 1268

F 08002

F 08002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Frederick Ave 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M Ritter

(a) Residence: No. 1817 Frederick Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

3a. If married, widowed, or divorced: BUSBAND of (or) WIFE of John H Ritter

6. DATE OF BIRTH (month, day, year) Jan 6 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Madden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McDonnell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John H Ritter
(Address) 1817 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/0 1935

19. UNDERTAKER Frye & Staley
(Address) Frederick Md

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1933 to Dec 31 1934

I last saw her alive on Dec 29 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1929

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G W Billings M. D.

(Address) 2224 W. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1288 F 08003

F 08003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Cecil Ave St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Benson

(a) Residence: No. 2228 Cecil Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Benson

6. DATE OF BIRTH (month, day, year): Oct 10 1879

7. AGE: Years 55 | Months 2 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. Name: Julius A Franche

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary M Ofern

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Anna M Franche
(Address) 2228 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL: London Park Cem 1/2 1937

19. UNDERTAKER: Joyce A Farley
(Address) Fulton Ave & Fayette

20. FILED 19 Registrar.

JAN 2 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/29/37

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1937, to Dec 29, 1937

I last saw h[illegible] alive on Dec 28, 1937 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12/27/37

Other contributory causes of importance:

Essential Hypertension — 10/10/37

Chronic Nephritis — 10/10/37

Name of operation: None Date of:

What test confirmed diagnosis: Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J Hurley, M. D.

(Address) 532 E 22nd St

Spec—9-30—A. A. Co.—250 Blks.

F 08004

F 08004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1106 Low. St. ST 3-21 WARD)

2 FULL NAME Gertrude Grundy

(a) RESIDENCE No 1106 Low ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph. Grundy.

6 DATE OF BIRTH (month, day, and year) 10-4-1893

7 AGE: Years 41 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER Charles Gray

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER Mary Jane Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Joseph Grundy 1106 Low. St

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-30-34

17

I HEREBY CERTIFY, That I attended deceased from 12-15-, 1934, to 12-30-, 1934

that I last saw h~~e~~r alive on 12-29-, 1934

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Valvulitis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. H. Casey M. D.

1-2-1935 (Address) 611 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem.

DATE OF BURIAL: Jan. 2 1935

20 UNDERTAKER: Mrs. Robert A. Elliott

ADDRESS: 1129 Carolina St

JAN 2 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

16

N. D. B. 12 F 08005

F 08005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Baylis St. 26-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ed. Akim

(a) Residence: No. 915 Baylis St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Akim

6. DATE OF BIRTH (month, day, year) Nov 9 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S C

FATHER

13. NAME Josiah Akim

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mildred Akim

(Address) 912 Baylis St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Jan 2nd 1935

19. UNDERTAKER Mrs. Robert D. Elliott

(Address) 1129 Caroline st.

20. FILED 19 Registrar

JAN 2 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Nerges M.D. M. D.
Coroner

(Address) 1205 N. Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 68

Spec.—2-29-28—L. F. S.—500 Bks.

F 08006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08006

CERTIFICATE OF DEATH

93c

REGISTERED NO.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2804 Harlem Ave (WARD) 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Susan Miller

(a) RESIDENCE NO. 2804 Harlem Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced (HUSBAND or) WIFE of: Louis Miller

6 DATE OF BIRTH (month, day, and year): Febry 14 - 1853

7 AGE: Years 81 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): York Co. Penna

PARENTS

10 NAME OF FATHER: George Snyder

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Known

14 Informant: Anna Miller

(Address): #1905 Edmondson Ave.

15 Filed JAN 2 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany. 1. 35

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3 . 1934 . to Jany 1 . 1935

that I last saw her alive on Dec. 31 . 1934

and that death occurred, on the date stated above, at 4 a . m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No What test confirmed diagnosis? Clinical methods

(Signed) Geo. E. Shannon, M. D.

1/1 . 1935 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: JAN 4 1935

20 UNDERTAKER: Geo W Little

ADDRESS 2700 EDMONDSON AVE

M. D. F 1268-9

F 08007 HEALTH DEPARTMENT—CITY OF BALTIMORE 08007

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Watts

(a) Residence: No. 916 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Feb 16, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Sarah Hall

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT Records. (Address) Balto. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mayotty & L. Co. Md. Date Jan 2, 1935

19. UNDERTAKER Thos Kane & Williams (Address) 322 N Schroeder St.

20. FILED JAN 2 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1934 to Dec. 30, 1934

I last saw him alive on Dec 30, 1934 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 Days
& Congestive failure	2 Mo
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

M. D. B 126

F 08008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08008

CERTIFICATE OF DEATH

V 82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 13-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Allen

(a) Residence: No. 1452 Etting St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) Sept 30 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4 6	2	29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Pa

FATHER

13. NAME John Saylor

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT James Allen

(Address) 1452 Etting St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 2 1935

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED Jan 2 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P Herzog MD Coroner M. D.

(Address) Boom 1 Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

F 08009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08009

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Channing St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thurmon La Rue Benson

(a) Residence: No. 506 Channing St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) Feb 1-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stat's Senatr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1886

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Hickman

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E Thompson

16. BIRTHPLACE (city or town) (State or country) Portland Maine

17. INFORMANT Emma F Benson

(Address) 506 Channing Street

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 1/4/35

19. UNDERTAKER Bernard C Heide

(Address) 1000 S Paca St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden

Other contributory causes of importance:

Name of operation Regular Date of ... (Was there an autopsy? No)

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V s 6

ANC 1935 ... 0 rem

M. D. B. 1368-9

F 08010

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08010

CERTIFICATE OF DEATH

107a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Mary Gotchelf

(a) Residence: No. 1506 E. Monument St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rubin

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worn Works

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0097

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Leiberman Farfunkel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Orphans Home Date 1/2/35 19

19. UNDERTAKER Levin Levin & Meyer

(Address) 1339 E. Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1 1935

22. I HEREBY CERTIFY, That I attended deceased from December 30, 1934 to January 1, 1935

I last saw her alive on January 1, 1935 Death is said to have occurred on the date stated above, at 7 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Type Undetermined	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David J. Edwards M. D.

(Address) Sinai Hospital

M. D. B. 1268-9 F 08011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08011

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4964 Edgemere Ave St.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Anna Esther Rostov

(a) Residence: No. 4964 Edgemere St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Rostov

6. DATE OF BIRTH (month, day, year) not known ~~Jan 1835~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 84	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Sadova, Lithuania Russia

FATHER

13. NAME Meyer Shertz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fanny Huffman

(Address) 4964 Edgemere St —

18. BURIAL, CREMATION, OR REMOVAL

Place Sherwood Southern Cem. Date 1/2/35 19

19. UNDERTAKER Last Funeral Inc.

(Address) 1432 E. Baltimore

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-Jan 1935 to 1-Jan 1935

that I saw her alive on 1-Jan 1935. Death is said to have occurred on the date stated above, at 4:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (Chronic)	?
Cardiac failure	?
Other contributory causes of importance: Fracture left hip	13 Dec. 1934

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/13 19 34

Where did injury occur? 4964 Edgemere Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down stairs

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Conrad Acton M.D.

(Address) 3401 Garrison Blvd —

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 08012 ✓ F 08012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95b

1. PLACE OF DEATH Levindale, Hebrew Home for Aged, Dfsm Registered No.

CITY OF BALTIMORE: (No. ..... St., 29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs mos ds.

2. FULL NAME Jacob Cohn

(a) Residence: No. Belvedere & Greenspring Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 3, 1880

7. AGE	Months	Days	If LESS than 1 day, hrs. or min.
54 ~~55~~	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt (Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Cem Date 1/5 19 35

19. UNDERTAKER J. Deuss Son & Co (Address) 439 E Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1934 to Dec 31 1934

I last saw him alive on Dec 31 1934 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	12 30 34
Cerebral Thrombosis	
Chr. Card vascular disease	
Chronic sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Levin M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 08013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08013

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 West 29th St. 12-61 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Boy Longus

(a) Residence: No. 418 West 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Infant

6. DATE OF BIRTH (month, day, year) Dec. 30, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or ___ min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Robert Andrew Longus

14. BIRTHPLACE (city or town) (State or country) Essex Virginia

MOTHER

15. MAIDEN NAME Margaret Worden

16. BIRTHPLACE (city or town) (State or country) Texas Maryland

17. INFORMANT (Address) Robt Longus 418 West 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Jan 2, 19 35

19. UNDERTAKER (Address)

20. FILED ___, 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1934 to Dec 31, 1934

I last saw him alive on Dec 31, 1934 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) M. Alexander Hovey M.D.

(Address) 1516 Madison Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

08014 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 Folio 44

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Ward) Baltimore City Hospitals

Length of residence in city or town where death occurred ... yrs ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME "John Doe"

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Jan 2. 19 35

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

JAN 2 1935

0982

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from December 23 1934 to Dec 26 1934

I last saw he alive on Dec 26 1934 Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Intracerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of No

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. Pragel, M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08015

F 08015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 3-0 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henson

(a) Residence: No. 300 Blk S Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? (70?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Carrie Bowie

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 2 1935

19. UNDERTAKER (Address)

20. FILED Jan 2 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16 1937 to Dec 29 1937

I last saw him alive on Dec 29 1937 Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Senile dementia	?
Benign prostatic hypertrophy	?

Other contributory causes of importance:

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Riggs M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(1)

V. S. 3

JAN 2 1935

0580

N

M. D. F. 1208-9

F 08016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (or Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Walker

(a) Residence: No. 2237 Brunt. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rina Anderson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place J.H. Med College Date Jan 2 . 1935

19. UNDERTAKER (Address)

20. FILED JAN 2 1935 Registrar.

0084

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 . 1934 to Dec 28 . 1934

I last saw him alive on Dec 28 . 1934 Death is said to have occurred on the date stated above, at 8:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Arteriosclerosis	?
Myocardial Insufficiency & Congestive failure	3 yrs

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill . M. D.

(Address) Balt City Hosp

A.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08017

F 08017 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Lawrence

(a) Residence: No. 412 E. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary (Sup)

6. DATE OF BIRTH (month, day, year) June 3 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Miles

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rebecca Johnston

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Jan 2 19 35

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1934 to Dec 27 1934

I last saw h[illegible] alive on Dec 27 1934 Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial	2 wks
Cerebral Thrombosis	

Other contributory causes of importance: 0 0 0

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagues M. D.

(Address) Baltimore City Hosp.

4—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified: Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 9

M. D. B. 1268-9

F 08018

F 08018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Nelson

(a) Residence: No. 576 W Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of (dead)

6. DATE OF BIRTH (month, day, year) Sept ?, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Patten

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends
(Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec 2, 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Dec 2 1937 [illegible] Registrar.

0986

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1937 to Dec 26, 1937
I last saw her alive on Dec 26, 1937 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 W Ago
Arteriosclerosis, Senile	?

Other contributory causes of importance:

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) I P Nugent, M. D.

(Address) East City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AM 2 1937

M. D. F 1268-9

F 08019

F 08019 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 10-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wise

(a) Residence: No.) 204 St. James St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella

6. DATE OF BIRTH (month, day, year) 9/2/85

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0th

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Archie Wise

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Jan 2, 19 35

19. UNDERTAKER

(Address)

20. FILED Jan 2, 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934 to Dec 26, 1934

I last saw h in alive on Dec 26, 1934 Death is said to have occurred on the date stated above, at 7 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	
Myocarditis	1933
Heart failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? WaR Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Carmichael M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 08020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08020

X 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. four mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Saddler

(a) Residence: No. 6 Wildwood Rd St., ... Ward. Raspeburg

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/25/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME George Saddler

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Effa Cook

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins College Date Jan 2. 1935

19. UNDERTAKER ...

(Address)

20. FILED ... 19... Registrar.

JAN 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1934 to Dec 25 1934

I last saw him alive on Dec 25 1934. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Dec 25
Other contributory causes of importance:	
	Dec

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm C Stiles Jr M. D.

(Address) Johns Hopkins Hosp Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 08021

08021 3749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irving Pollard

(a) Residence: No. 1126 Orleans St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/28/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Adam Harris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Estelle Pollard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Med College Date Jan 2 19 35

19. UNDERTAKER .....
(Address)

20. FILED Jan 2 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1934 to Dec 21 1934

I last saw h.e alive on Dec 21 1934 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Congenital Syphilis	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis T. Schwentker M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 08022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08022

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Taylor

(a) Residence No. None St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Fla

MOTHER

15. MAIDEN NAME Maggie ?

16. BIRTHPLACE (city or town) (State or country) Fla.

17. INFORMANT Friends

(Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 1/3/35 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

FILED ..... 19..... Registrar.

JAN 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21. 1934 to Dec 30. 1934

I last saw him alive on Dec 30 1934 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar pneumococcus	30d

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I P Magill M. D.

(Address) Balto City Hosp

INSTRUCTIONS.—WRITE LEGIBLY, WITH LEAD PENCIL OR PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 08023

08023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 W. York St. St. 7-2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Carter. (C)

(a) Residence: No. 7 W. York St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) March 4, 1915

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or .....min.
	19	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Carter. (C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Virginia Brackston (C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Martha Goodman. (C) sister
(Address) 7 W. York St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/2/35 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h..... alive on ....., 19... Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonic.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto H Reinhardt M. D.
1/2/35 (Address) 1017 E. Charles St. Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 2 1935

M. D. # 1268-9

F 08024

F 08024 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-013

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Tomay

(a) Residence No. 834½ W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 9, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER FATHER

13. NAME John

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Julia A Shipley

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Friends
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Date 1/2/35 19

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

20. FILED JAN 2 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1931 to Dec 28, 1934
I last saw him alive on Dec 28, 1934 Death is said to have occurred on the date stated above, at 7¹⁵ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Heart Disease, contributory	4 yrs

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I Phagel M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—MAT—1500 Blks.

F 08025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08025

93c

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Hallins St. 20-21 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary M. Aaron

(a) RESIDENCE NO. 2024 Hallins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vernon Aaron

6 DATE OF BIRTH (month, day, and year): Aug. 9th 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work 027

(b) General nature of industry, business, or establishment in which employed (or employer): House work

(c) Name of employer: None

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: W Vernon Aaron

(Address) 2024 Hallins St

15 Filed JAN 2 - 1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1/35 19

17

I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1934, to Jan 1/35, 19 ..., that I last saw h.. alive on Dec 31/34, 19 ..., and that death occurred, on the date stated above, at 6a m.

The CAUSE OF DEATH* was as follows:

Myocaiditis about

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis (Hypertension)

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What teat confirmed diagnosis? Physical

(Signed) Walter S Tibbett M. D.

Jan 1/35 19 (Address) 2220 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Jan. 3 1935

20 UNDERTAKER: George L. Schwartz — ADDRESS: 2401 Eutaw Ave.

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. F. 1268-9

(Waddie Haynes)

F 08026

F 08026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. — St., 13-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Waddie Haynes

(a) Residence: No. 2216 N Caroll — Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Cohabited

5a. If married, widowed, or divorced: (or) WIFE of Lewis Haynes

6. DATE OF BIRTH (month, day, year): April 27, 1886

7. AGE: Years 47 | Months 8 | Days 4 | If LESS than 1 day, hrs. or min.

48

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Nov 34

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER

13. NAME: Wm. Gainesblood

14. BIRTHPLACE (city or town) (State or country): Georgia

MOTHER

15. MAIDEN NAME: Julia Morchmond

16. BIRTHPLACE (city or town) (State or country): Georgia

17. INFORMANT: Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/4/35

19. UNDERTAKER: Samuel Easton

(Address) 1116 Penna Ave

FILED Jan 2 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1934 to Dec 31 34

I last saw h[illegible] alive on Dec 30 34 and that death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix uteri	1934
Bronchopneumonia	12/31/34

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis Biopsy. Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place,

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel A Gore M. D.

(Address) Balto City Hosps

AM 2-1935

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08027

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 E. Clement St. 24th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adolph G. Wilhelm

(a) Residence: No. 1620 E Clement St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Roesler Wilhelm

6. DATE OF BIRTH (month, day, year) April 25 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph G. Wilhelm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hoit Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank F. Wilhelm
(Address) 1620 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 1/3/35 19

19. UNDERTAKER Margaret G Flynn
(Address) 216 N. Haltimore St

Huntingdon Pa.

20. FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 19 34 to Dec 31 19 34 I last saw him alive on Dec 30 19 34 Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Dec 28 34
Chronic Nephritis	1932
Hypertension & Arteriosclerosis	"

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Hawkins M. D.

(Address) 1 E. Randall St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any error or omission in information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08028

CERTIFICATE OF DEATH

96

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 W. Mosher St. 16-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Haywood Privott

(a) Residence: No. 1605 mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Helen Privott

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Wells Privett

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Amanda Privott

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Helen Privott
(Address) 1605 Mosher St., Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. Nat'l. Cem Date 1/4/ 1935

19. UNDERTAKER Adolphus Hartsead
(Address) 952 Edmondson Ave.

20. FILED JAN 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/31/ 1934 to 1/1/ 1935

I last saw h in alive on 12/30/ 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) J. B. Hunt M. D.

(Address) 912 Eilmer St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 08029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 13-91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 Newington Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Benson Stewart

(a) Residence: No. 823 Newington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph B. Stewert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Wooden
(Address) 823 Newington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 4 1935

19. UNDERTAKER Wm J Jenkins & Sons
(Address) Fulton & Penna aves.

20. FILED JAN 2 - 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to Dec 31 1934
I last saw h alive on Dec 31 1934 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12-29-34

Other contributory causes of importance:
Chron. Interst. Endocarditis & Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) C. D. Ensor M. D.
(Address) 4936 Park Hts Ave

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08030

HEALTH DEPARTMENT---CITY OF BALTIMORE

F 08030

CERTIFICATE OF DEATH

94a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 932 N.Bradford St. St., 7-14 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? 14 yrs. mos. ds.

2. FULL NAME Eleonora Colandrea

(a) Residence: No. 932 N.Bradford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Giovanni Colandrea

6. DATE OF BIRTH (month, day, year) Feb.24 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68		10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Priverno Italy

FATHER

13. NAME Giuseppe Viscardi

14. BIRTHPLACE (city or town) (State or country) Priverno Italy

MOTHER

15. MAIDEN NAME Maria Petrarca

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT (Address) Antonio Colandrea 932 N.Bradford St,

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 3 1935

19. UNDERTAKER (Address) Frank Della Rocca 52 N. Morley St.

FILED JAN 2 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1- 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-31- 1934 to 1-1- 1935

I last saw h alive on 12-31- 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma rectum. Date of onset 1934

Other contributory causes of importance: Cachexia, Exhaustion 1934

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 18031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 18031

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1805 Pentalow St. 15-01 (Ward)

Length of residence in city or where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

William Wolf.

2. FULL NAME Wm Wolf

(a) Residence: No. 1805 Pentalow St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR White

5. Single, Married, Widowed, or Divorced (write word) Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) May 27-1872

7. AGE Years 62 Months 9 Days 5 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0080

12. BIRTHPLACE (city or town) (State or country) Russia Solomon Kremenitsky

FATHER

13. NAME Solomon Kestanetz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Waiseger Sarah J. Waseger

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Wolf 806 Waltham Ave.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Chas Shalom Cem Date Jan 3rd-35 19

19. UNDERTAKER J. Ahrens Co.

(Address) J. Ahrens Co

20. FILED ... 19 ... Registrar

JAN 2 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1935

I HEREBY CERTIFY, that I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... and Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Contributed to

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Leck Bortz Coroner, M. D.

(Address) ...

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08032

F 08032 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6311 Winner Ave St. 27 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E. Dillon

(a) Residence: No. 6311 Winner Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed~~, or ~~divorced~~ (or) WIFE of Edmund C Dillon

6. DATE OF BIRTH (month, day, year) Sept 17th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME William McCrist

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Edmund C Dillon
(Address) 6311 Winner Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Cem Phila Pa Date Jan 3rd 1935

19. UNDERTAKER Henry Heuleins & Sons
(Address) 1801 & 1803 Mt Colleton Pa

20. FILED ... 19 ... Deputy Registrar.

JAN 3 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C J Allen M. D.

(Address) 5308 Belair Rd Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. No. F 08033

F 08033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 Robert St. St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Beale

(a) Residence: No. 527 Robert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 15, 1853

7. AGE: Years 81 | Months 11 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Josiah Newton

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: William Beale

(Address) 527 Robert St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Zion Cem. Date 1/4/ 1935

19. UNDERTAKER: Francis A. Wemsley

(Address) 528 W. Fayette St.

20. FILED JAN 3 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934, to Jan 1, 1935

I last saw h[illegible] alive on Jan 1, 1935. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1931

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Uremalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 **F 08034** Wife (Benign) **F 08034**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 37 V Biddle St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elwa Wade

(a) Residence: No. 37 V Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bettie Wade

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bettie Wade
(Address) 37 V Biddle

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Cem Date 1/3/ 1935

19. UNDERTAKER Frances A Hemsley
(Address) 529 W. Biddle St.

20. FILED AUG 3 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/30/35

22. I HEREBY CERTIFY, That I attended deceased from 7/27/35 to 7/30/35

I last saw her alive on 7/28/35 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cystitis 11 yrs	
+ Pyelitis	
(Uremia)	

Other contributory causes of importance: Nephritis Chronic Diagnosed by Autopsy

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) [illegible] M. D.

(Address) 624 Lawrence Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9 F 08035 F 08035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Bradley St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo W Bailey

(a) Residence: No. 820 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years 72 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Geo Bailey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Frank Caldwell

(Address) 820 Bradley

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 1/4 1935

19. UNDERTAKER Frances A Hemsley

(Address) 5 [illegible]

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Jan 1st 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	3 mos

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H C Smith Coroner, M. D.

(Address) Govans

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501

F 08036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08036

92-a

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 3508 Poole St ST., 13 WARD)

2-FULL NAME Samuel E. Steffey

(a) RESIDENCE No. 3508 Poole St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary E. Steffey

6 DATE OF BIRTH (month, day, and year) May 2- 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	7	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 0086
(b) General nature of industry, business, or establishment in which employed (or employer) Formerly Cotton Mills
(c) Name of employer W. Stonesifer Sons

9 BIRTHPLACE (city or town) (State or country) Manchester Md

PARENTS

10 NAME OF FATHER Henry Steffey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Christina Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mary E. Steffey

(Address) 3508 Poole St

15 Filed ..... 192 ..... Registrar

JAN 3 - 1935

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1- 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
of Heart

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John T. Thomsen M. D.
Coroner

1935 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Marys Hampden	Jan 3 1935
20 UNDERTAKER	ADDRESS
W. S. Marshall	35 Potter Rd

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-A

F 08037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08037

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1264 James St. 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen L. Whittington

(a) Residence: No. 1264 James St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12th 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va

FATHER

13. NAME Benjamin W. Whittington

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lena Losey

16. BIRTHPLACE (city or town) (State or country) West Va

17. INFORMANT Mr. Benjamin W. Whittington

(Address) 1264 James St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Hill Cem. Martinsburg, West Va. Date 1/4/, 1935

19. UNDERTAKER John J. Cowan & Son

(Address) 1901 Gallows St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934 to Jan 1, 1935

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	1/1/35

Other contributory causes of importance:

Chronic Emphysema	Yrs

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. Norton, M. D.

(Address) 1858 N. Lemmon St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 08038

M F 08038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 216-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 6-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME: Lester Johnson

(a) Residence: No. 1149 21st St N.W. St., Washington D.C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	cd	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Allie

6. DATE OF BIRTH (month, day, year) Jan 1, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halifax Co., Va

FATHER

13. NAME Wiley Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Polly Stewart

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Allie Johnson

(Address) 1149 21st St N.W Washington DC

18. BURIAL, CREMATION, OR REMOVAL

Place Clover Va Date Jan 3, 1935

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934 to ... 19...

I last saw h... alive on Dec 29, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

automobile accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/26/1934

Where did injury occur? Presstman & Calhoun Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street Accident

Manner of injury Auto in which he was riding collided with a truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2200 E Madison St

(Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.)

M. D. B. 32

F 08039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08039

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225-2 Madison St., 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harold Winters

(a) Residence: No. 225-2 Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/20/1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Leona Winters East Carthy

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Leona Winters

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Leona Winters

(Address) 225-2 Madison

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Jan 3 1935

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Freeman St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1935 to 1/2 1935

I last saw him alive on 1/1 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bur Rhett, M. D.

(Address) 2139 Pfeiffer

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 08040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08040

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Kentucky Ave St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A Wiegroff

(a) Residence: No. 3009 Kentucky Ave St. ... Ward. 50 yrs

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lillie Wiegroff

6. DATE OF BIRTH (month, day, year) Jan 21 1863

7. AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	71	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph Wiegroff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillie Wiegroff

(Address) 3009 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Jan 2 1935

19. UNDERTAKER Jos J Dietz & Son

(Address) 3001 Kentucky Ave

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934 to Dec 31 1934

I last saw him alive on Dec 31 1934 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
I attended 6 days	
Other contributory causes of importance:	
Cerebral Hemorrhage	1 day

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos J Schnyder M. D.

(Address) 361 N Bryden Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 15 F 08041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08041

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2605 Rosewood Ave St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

2. FULL NAME (Mrs.) Fanny Hamburger

(a) Residence: No. 2605 Rosewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Charles M. Hamburger

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Israel Franklin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katy Franklin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Cohen

(Address) 2509 Quantico Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Levi Rodef Date 1/4/35 19

19. UNDERTAKER Jos. H. Sons Inc

(Address) 1434 E Baltimore St

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1934 to Jan 2nd 1935

I last saw her alive on Jan 2nd 1935. Death is said to have occurred on the date stated above, at 555 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Appendicitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 3 1935

M. D. P. 126

F 08042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08042

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 Aisquith St., 10 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? 28 yrs. mos. ds.

2. FULL NAME David Mutchnik

(a) Residence: No. 900 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Cem Date 1/3/35

19. UNDERTAKER Jos. Sues Inc
(Address) 1332 E. Pratt St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2/35 19

22. I HEREBY CERTIFY, That I attended deceased from 12.26. 1934 to Jan-1- 1935.

I last saw h im alive on 1-1- 1935 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Mitral & Aortic insufficiency.	

Other contributory causes of importance:

Pulmonary oedema
Chronic Bronchitis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Solomon C. Katzoff M. D.

(Address) 116 Aisquith St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1935 F 08043

F 08043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 E. Federal St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Noll

(a) Residence: No. 2413 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Anna B. Noll

6. DATE OF BIRTH (month, day, year) February 8 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600 3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Christopher Noll

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Anna B. Noll

(Address) 2413 E. Federal 1

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Jan 3 1935

19. UNDERTAKER Henry Heath Sons Inc

(Address) 301 E. Eager St

20. FILED Jan 3 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23 1934 to Jan 1 1935

I last saw him alive on 1-1 1935 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid — Date of onset ?

Other contributory causes of importance:

Name of operation Laparotomy Sept. Date of 8-17-34

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Michael Bronfield M. D.

(Address) 3404 Eastern Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

Domenico Cirincione

F 08044 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08044

CERTIFICATE OF DEATH

V 108 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 E Eager St. St. 10 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dominico Cirincione

(a) Residence: No. 906 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Giovanna Cirincione

6. DATE OF BIRTH (month, day, year) May 25 1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Hawker

9. Industry or business in which work was done, as silk mill, saw mill, bank etc. No Business

10. Date deceased last worked at this occupation (month and year) Dec 28, 34

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Giovanni Cirincione

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Brogotta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Giovanna Cirincione
(Address) 906 E Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan 7, 1935

19. UNDERTAKER Elmer W. Conklin
(Address) 524 E Eager St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934 to Jan. 1, 1935

I last saw him alive on Dec. 31, 1934 Death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/28/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene R. Pessagno, M. D.

(Address) 514 Druid Park

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M.D.B. - 1935

M. D. P. 1268-9

F 08045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08045

CERTIFICATE OF DEATH

46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Geelhaar

(a) Residence: No. 121 E. Oliver St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 4, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Edward Geelhaar

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Emma Wacker

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs Fanny (Sister) (Address) 1302 Bond Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date Jan 6 1935

19. UNDERTAKER Elmer V. Conklin (Address) 924 Lexington St.

20. FILED JAN 3 - 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2- 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 1934 to Jan 2 1935

I last saw him alive on Jan 2 1935 Death is said to have occurred on the date stated above, at 5 33/a m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the esophagus with metastasis to the lungs, ribs, liver and stomach	2 days

Other contributory causes of importance:

Tuberculosis of both lungs, Pneumonia with emphysema and a blood stream infection with a pelvic abscess, Lues.	3 wks 1 wk

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury none

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carl G Peckol M. D.

(Address) St Agnes Hosp

I state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08046

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thelma Lambie

(a) Residence: No. 3111 E. Baltimore St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Lambie

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Mary J. Magnaugh

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT John Lambie

(Address) 3111 E Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 1/2 19 35

19. UNDERTAKER John J. Thomas

(Address) 3000 E Baltimore.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1. 1935

22. I HEREBY CERTIFY, That I attended deceased from December 24. 1934. to January 1. 1935

I last saw her alive on January 1. 1935 Death is said to have occurred on the date stated above, at 11:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia (bilateral)	
Other contributory causes of importance:	

Name of operation ✓ Date of .....

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, answer .....

(Signed) H. M. Magnuller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

Cor.—10-10-29—A Co.—100 Blks.

Coorey

F 08047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08047

92-a

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (Division) Stuyvesant Memorial Hospital Ward)

2-FULL NAME John T. Coorey

(a) RESIDENCE NO. 1612 Kimball Rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Annie Lisa Cooney

6 DATE OF BIRTH (month, day, and year) Oct. 10 1868

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	71	2	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Ship-builder
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) City
(State or country)

PARENTS

10 NAME OF FATHER J. T. Cooney

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER dont know

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) " "

14 Informant Margaret Hasselhoff
(Address) 3612 Kimball Rd

15 Filed ....., 19.... ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-1- 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows:

Pulmonar Hemorrhage
Heart

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John H. Hannan M. D.

1/1 1935 (Address) 1632 Bland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn Cem.

DATE OF BURIAL 1/3 1935

20 UNDERTAKER J. J. Moran

ADDRESS 3000 E. Balto.

JAN 3 1935

tion should be carefully supplied. AGE should be stated EXACTLY.' PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9 **F 08048** **F 08048**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 S Clinton St., N Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie T. Regan

(a) Residence: No. 937 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Patrick J. Regan

6. DATE OF BIRTH (month, day, year) Dec 8-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Cotter

14. BIRTHPLACE (city or town) (State or country) do

MOTHER

15. MAIDEN NAME Margaret Lynch

16. BIRTHPLACE (city or town) (State or country) do

17. INFORMANT Mary T. Regan
(Address) 937 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 1/4/35

19. UNDERTAKER J. J. Graham
(Address) 1000 E. Baltimore

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1934 to Jan 1 1935

I last saw h... alive on Dec 31 1934. Death is said to have occurred on the date stated above, at 4 p.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual

Other contributory causes of importance:

Cerebral Hemorrhage	10/15/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homiride? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) D. B. Taylor, M. D.

1/25/35 (Address) 3 S. E. Highlandtown

vs 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12-29 F 08049 F 08049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Goldberg

(a) Residence: No. 1631 Ruxton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " Russia

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " Russia

17. INFORMANT Mrs. Sadie Goldberg
(Address) 1631 Ruxton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Rd Date Jan 3, 1935

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St.

20. FILED JAN 3 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12/15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	
(Primary)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. H. Owens, M. D.
Coroner

(Address) 5086 Wabash Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

08050

HEALTH DEPARTMENT—CITY OF BALTIMORE 08050

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 Bolton St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 84 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Florence Virginia Thompson

(a) Residence: No. 2015 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Thompson

6. DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 84	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: ----------

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Hungerford

14. BIRTHPLACE (city or town) (State or country) ---------- Maryland

MOTHER

15. MAIDEN NAME Mary Emma Berbridge

16. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

17. INFORMANT Mr. Arthur E. Hungerford

(Address) 809 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery 1/4 . 1935

19. UNDERTAKER Henry W. Myers & Son

(Address) 702 N. Calvert St.

20. FILED JAN 3 1935 19... Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th . 1933 to Dec 29th . 1934

I last saw her alive on Dec 29th . 1934 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio-Sclerosis Pulmonary Tuberculosis Total Blindness due to Glaucoma	

Other contributory causes of importance:

Carcinoma Breast right which had ulcerated the entire breast & was operated in April 1934

Name of operation ... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Thresick M. D.

(Address) 1700 Linden Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

08051 HEALTH DEPARTMENT—CITY OF BALTIMORE 08051

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 N. Washington St St. 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas Garrick

(a) Residence: No. 2020 N. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances J. Garrick

6. DATE OF BIRTH (month, day, year) Sept 12 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville Md.

FATHER

13. NAME John Garrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frances L. Grossnickle

(Address) 2020 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Jan 4 19 35

19. UNDERTAKER Kelly Memorial Home

(Address) 1000 Ridgewood Ave.

JAN 3 - 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Jan 2 1935

I last saw him alive on Jan 1 1935 Death is said to have occurred on the date stated above, at 5-10 A m Jan 2/35

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia (over)	about 4 days ago
b	
c	
d	

Other contributory causes of importance: Acute cardiac failure

Name of operation None Date of —

What test confirmed diagnosis: Clinical sign & Symptom Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin Hyman M. D.

(Address) 2256 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 08052

F 08052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 S. Robinson St. St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Throckmorton

(a) Residence: No. 1010 S. Robinson St. St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur Throckmorton

6. DATE OF BIRTH (month, day, year) July 20, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Dunnigan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Frances Weaver

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Frances Weaver Dunnigan
(Address) 1010 S. Robinson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Jan. 3, 19 35

19. UNDERTAKER HENRY SANDER & SON, INC.
(Address) Baltimore & Broadway

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 to Dec 31 1934

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	2½ mos

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) 320 W. Franklin St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. F. 1

F 08053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08053

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH aged Mens Home

CITY OF BALTIMORE: (No. 9400 W Lexington St., 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Burnell

(a) Residence: No. 9400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 ~~80~~	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Burnell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Hannah Whitaker

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E Forstall

(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 3, 1935

19. UNDERTAKER F Norman Geisler

(Address) 1532 Hollins St

20. FILED Jan 3 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1934 to Jan 2, 1935.

I last saw him alive on Jan 1, 1935. Death is said to have occurred on the date stated above, at 1 45 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Arteriosclerosis.

Date of onset

Other contributory causes of importance: Nephritis, Chronic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B Jarrett, M. D.

(Address) 1158 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 08054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08054

CERTIFICATE OF DEATH

11-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N Calvert St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Pembroke

(a) Residence: No. 602 Pierce St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30 63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Salvation Army

(Address) 109 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Jeff Med School Date Jan 3, 19 35

19. UNDERTAKER

(Address)

20. FILED Jan 3 1935

Registrar.

Morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on June , 19 . Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Senile Dementia Flu ?

Old age

Date of onset

Other contributory causes of importance:

Old age

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M Kenlon, M. D. Coroner

(Address) 7 [illegible] Lane

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08055

HEALTH DEPARTMENT—CITY OF BALTIMORE

08055

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Wilmer St., 17 Ward)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thos Brown

(a) Residence: No. 1129 Wilmer St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Teal | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE — Years 37 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (City or town) (State or country) Hampton Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jas Jackson
(Address) 1129 Wilmer

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/7 1935

19. UNDERTAKER Samuel Easton
(Address) 916 Penna ave

20. FILED ... 19... Registrar.

JAN 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Uremia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner, M. D.
(Address) ...

Vs6 OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 08056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08056

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 N. Duncan St., 8-01 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie E. Abel

(a) Residence: No. 1813 N. Duncan St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Abel

6. DATE OF BIRTH (month, day, year) Aug 15 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. +

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME — Boss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Paul Ulrich
(Address) 5931 Marietta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 1/4/35 19

19. UNDERTAKER Philip Sterup Sons
(Address) 2016 Orleans St

FILED JA 3-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at About 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Asphixiation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 31/34

Where did injury occur? Baltimore. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home. Gas water heater jet

Manner of injury partially on.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1265-9

F 08057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08057

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1616 Gilmor St
CITY OF BALTIMORE: (No. Balto 2nd Life St., 15 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Norris
(a) Residence: No. 1616 Gilmor St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced — HUSBAND of (~~or wife~~): Aleatha Norris
6. DATE OF BIRTH (month, day, year): 1881
7. AGE: Years 54 53; Months —; Days —; If LESS than 1 day, hrs. or min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Lot
10. Date deceased last worked at this occupation (month and year): 2
11. Total time (years) spent in this occupation: Life
12. BIRTHPLACE (city or town) (State or country): Maryland
FATHER
13. NAME: Charles Norris
14. BIRTHPLACE (city or town) (State or country): Maryland
MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown
17. INFORMANT (Address): Aleatha Norris 1616 Gilmor St
18. BURIAL, CREMATION, OR REMOVAL. Place: Int Antrim Cem 1-6-35
19. UNDERTAKER (Address): George P. S. Gibson 1735 Druid Hill Ave
20. FILED JAN 9 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-2-35
22. I HEREBY CERTIFY, That I attended deceased from Dec 22-, 1934, to 1-2-, 1935
I last saw h alive on 1-2-, 1935. Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset 1-2-35

Acute Cardiac Dilatation with Cardiac failure

Other contributory causes of importance:

Chron. Gastritis & Cardio-vascular Renal Disease

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. Boykin, M. D.
(Address) 1512 Gilmor St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12 F 08058 ✓ F 08058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 Jefferson St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Smith

(a) Residence: No. 2432 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma M. Smith

6. DATE OF BIRTH (month, day, year) Oct. 17 - 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Samuel B. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary A. Armstrong

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Viola Chrisp

(Address) 516 No. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Jan. 4. 1935

19. UNDERTAKER Frank V. Pipitone

(Address) 2515 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1934 to Jan 1 1935.

I last saw h... alive on Jan 1 1935. Death is said to have occurred on the date stated above, at 4.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Bronchopneumonia	

Other contributory causes of importance:

None	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Josh L. Johnston M. D.

(Address) 1626 Eutaw

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

JAN 3 1935

M. D. B. 1268-9

L1D1515 Dr Ensor Part 16 45 F 08059

F 08059

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5008 Litchfield ave St., 7 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 66 yrs. ... mos. ... ds.

2. FULL NAME Mrs Fitzer

(a) Residence: No. 5008 Litchfield ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jackie Fitzer

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Charles Fitzer

14. BIRTHPLACE (city or town) (State or country) Russia

FATHER

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Levin (Address) 1432 E Baltimore

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 1/3/35 19

19. UNDERTAKER Clark Levin Inc (Address) 1439 E Baltimore st.

20. FILED 3-4-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/35 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1934 to Jan 3rd 1935

I last saw him alive on Jan 3rd 1935 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1-2-1935

Other contributory causes of importance:

Chron. Myocarditis and Hypertension (unknown)

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) C. B. Ensor M. D.

(Address) 4936 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

v-3-3

M. D. P. 1268-9

08060

HEALTH DEPARTMENT—CITY OF BALTIMORE

229942

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Binder

(a) Residence: No. 412 Blue Hill Ave St., ... Ward. 18 Roxbury Mass

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron.

6. DATE OF BIRTH (month, day, year) 3/29/13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037 House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Louis Weimer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katherine Cohen

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dorchester, Mass Date 1/3/35 19

19. UNDERTAKER Peter Lewis Inc

(Address) 139 E. Baltimore St.

20. FILED JAN 3 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Jan-1- 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-5-1934. 19 ..... to Jan-1 ..... 1935.

I last saw her alive on Jan-1 1935 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Tuberculous pneumonia, bilateral	7 days
Tuberculous meningitis, acute	7 days
Addisons disease	4 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry O. Stebbins, M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1263-9

F 08061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08061

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 854 W. North Ave St., 13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Mac Donald

(a) Residence: No. 854 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME W. M. Mac Donald

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Lettie A. Hoover

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT W. A. Mac Donald
(Address) 333 E. 52nd St. New York.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Jan 3, 1935

19. UNDERTAKER E. Leroy Griffith & Inc.
(Address) 126 E. Monument St.

[illegible] Registrar.

FILED JAN 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 22 E. Pleasant

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 08062

08062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Kirk Avenue St., 9-001 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul M. Fisher

(a) Residence: No. 2113 Kirk Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 7, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
36	11	24	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 7623

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William A. Fisher

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lida Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Lida Fisher

(Address) 2113 Kirk Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 3, 1935

19. UNDERTAKER George J. Pettit & Son

(Address) 1335 Eutaw Place

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at about 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance: Probably Lobar Pneumonia	7 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lee Collins Coroner M. D.

(Address) 50 E. Lanvale

OCCUPATION is very important. See instructions on back of certificate.

M. D. D 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

08063

CERTIFICATE OF DEATH

08063 X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stephen F. Fackett.

(a) Residence: No. Holebird Ave. Dundalk, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 11, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	10	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Fackett.

14. BIRTHPLACE (city or town) (State or country) Czecho-Slowacka.

MOTHER

15. MAIDEN NAME Anna Brent.

16. BIRTHPLACE (city or town) State or country) Czecho-Slowacka.

17. INFORMANT Joseph Fackett. (father)
(Address) Holabird Ave. Dundalk, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 1/4 19 35

19. UNDERTAKER John J. Finda
(Address) 128 Hudson St

20. FILED JAN 3 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto A. Reinhardt, M. D. Coroner

1/1/35 Address 1017 E. Charles st.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 08064

HEALTH DEPARTMENT—CITY OF BALTIMORE

08064

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Sequoia Avenue St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Naomi Nicolai

(a) Residence: No. 3809 Sequoia Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles D. Nicolai

6. DATE OF BIRTH (month, day, year) April 20, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME Wm. F. Prosser

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

MOTHER

15. MAIDEN NAME Emma F. Morley

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

17. INFORMANT Charles D. Nicolai
(Address) 3809 Sequoia Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date 1/5 . 35

19. UNDERTAKER Henry H. Mears & Son
(Address) 8 E. Eutaw St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/20 . 1934 to 1 - 3 . 1935

I last saw her alive on 1 - 3 . 1935 Death is said to have occurred on the date stated above, at 3.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	12/29/34

Other contributory causes of importance:

Mitral regurgitation	1913

Name of operation None Date of

What test confirmed diagnosis? Symptoms Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Russell, M. D.

(Address) 3402 Frankland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

08065

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08065

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Bessie Gatewood

(a) Residence: No. 1526 Brentwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Gatewood

6. DATE OF BIRTH (month, day, year) Jan 1 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
38	38	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Stewart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Needham

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Terry

(Address) 2612 Huron Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 5. 1935

19. UNDERTAKER Joseph A. Lively

(Address) 4044 N. Mount Street

20. FILED JAN 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify.

(Signed) E. B. Herzog M.D. Coroner, M. D.

(Address) 1305 N. Fallsway

M. D. B. 1768-9

F 08066

08066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 7 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clarence Malachi

(a) Residence: No. 605 N. Broad St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19 yrs	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erie Md.

FATHER

13. NAME John Malachi

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary D. Wright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Airey's Md. Date Jan 4. 1935

19. UNDERTAKER Sollie H. Mayfield
(Address) 1101 Washington Ave

20. FILED JAN 3 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1934 to 12-31, 1934

I last saw him alive on 12-31, 1934. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-16-34
Emphysema	12-31-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Claude Elliott Babcock, M. D.

(Address) Md. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y. S. 3

M. D. B. 1268-9

F 08067

F 08067 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 S. Charles St., 7 3 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George Thomas Caulk

(a) Residence: No. 1316 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~, HUSBAND of Mary Catherine Caulk

6. DATE OF BIRTH (month, day, year) July 3rd 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mildred Briedenbach

(Address) 1316 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 4th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1934 to Jan 1, 1935

I last saw him alive on Dec 31, 1934 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Partial Paralysis, affecting Heart and Nervous systems.	

Other contributory causes of importance:

Senile degeneration or debility.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury No injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) ... M. D.

(Address) 1215 Fawn nd, 2

M. D. F. 1268-9

F 08068

08068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Charles Schneider

(a) Residence: No. 3708 Taney Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of Leona Schneider

6. DATE OF BIRTH (month, day, year) Sept 10, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Steel Factory 0086

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) New Bern North Carolina

FATHER

13. NAME John Schneider

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Finkie Gaither

16. BIRTHPLACE (city or town) (State or country) Gloucester Va

17. INFORMANT Mrs Elvira Schneider

(Address) 3408 Taney Road

18. BURIAL, CREMATION, OR REMOVAL Pl Baltimore Date 1/5 1935

19. UNDERTAKER Fulton & Co

(Address) 1217 E Fayette St

Registered 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1934, to Jan. 2, 1935

I last saw him alive on Jan 2, 1935 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism, Pulmonary, post operative	
Other contributory causes of importance: Carcinoma of Stomach	

Name of operation { Posterior Gastro-Enterostomy; resection of Pylorus } Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard U. Hoover M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08069

HEALTH DEPARTMENT—CITY OF BALTIMORE

08069

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Barclay St. 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Louis Wiethoff

(a) Residence: No. 2104 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ida Wiethoff

6. DATE OF BIRTH (month, day, year): June 6 1865

7. AGE: Years 73 | Months 11 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas Fuel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0009

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Frederick Wiethoff

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Fredericka Schuckraft

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Ida Wiethoff

(Address) 2104 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/2 1933

19. UNDERTAKER: Tuttle Co

(Address) 1217 E Fayette St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1932 to Jan 2 1933

I last saw h alive on Jan 1 1933. Death is said to have occurred on the date stated above, at 1:30 AM

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1930

Other contributory causes of importance:

Acute Pulmonary Edema — Date of onset 12/24/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1117 Mercantile Bldg

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08070

F 08070 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Edmondson Ave. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence F. Galton

(a) Residence: No. 1919 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Galton

6. DATE OF BIRTH (month, day, year) June 24, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Edward H. Reip

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Sultina H. Merriam

16. BIRTHPLACE (city or town) Chelsea
(State or country) Mass.

17. INFORMANT Miss Helen Reip

(Address) 1919 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date January 4 1935

19. UNDERTAKER Joseph F. Cook

(Address) 1003 E. Baltimore St.

20. FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1934 to Jan 2, 1935

I last saw her alive on Jan 2, 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Dec 25-34
Arteriosclerosis	ab. 10 y.
Chronic Myocarditis	5 y.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

1/3/35 (Signed) H. Fahlen, M. D.

(Address) 757 N. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S-2

M. D. P. 1268-9

F 08071

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08071

CERTIFICATE OF DEATH

47-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital Ward)

Length of residence in city or town where death occurred 10 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Maude B. Greiner

(a) Residence: No. 806 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? William Greiner

6. DATE OF BIRTH (month, day, year) May 9 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bush River Md. Harford Co.

FATHER

13. NAME A. N. Evans

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Martha E. Callender

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Episcopal Cem Date Jan 5- 1935

19. UNDERTAKER Henry Taring & Son

(Address) Aberdeen, Md.

FILED JAN 3 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-2-35 . 19 . to 1-3-35 . 19 . I last saw h alive on 1-3-35 . 19 . Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	?

Other contributory causes of importance:

Lung abscess	?

Exploratory Laparotomy Date of 11/17/34

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz M. D.

(Address) 4 Mercy Hospital

M. D. R. 1265-9

F 08072

08072

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 22 Ward)

Length of residence in city or town where death occurred Unknown How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Bishop

(a) Residence: No. 329 W. Camden st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 20, 1886

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	48	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Emmett Washington Bishop

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Susan Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date Jan. 3 1935

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St

20. FILED JAN 3 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3 1935

22. I HEREBY CERTIFY, That I attended deceased from December 27 1934 to January 3 1935
I last saw him alive on January 3 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	4 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

F 08073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08073

CERTIFICATE OF DEATH

186-a

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian W. Gilliam

(a) Residence: No Church Home & Infirmary Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 27th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME James T. Gilliam

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Margaret Belden

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Home & Infirmary Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan 5th 1935

19. UNDERTAKER Wm. Cook
(Address) 1217 St. Paul St.

20. FILED 19 Registrar.

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 2/35 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 8.45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of neck of left femur	Dec 29/34

Other contributory causes of importance:

Bronchopneumonia	1/1/35

Name of operation Date of

What test confirmed diagnosis? x ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 29/34
Where did injury occur? Church Home Balto. Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Tripped and fell to floor in hallway
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. B. McCalley M. D.
Coroner
(Address) 508 E. Fort Ave

M. D. B. 1268-3

F 08074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08074

CERTIFICATE OF DEATH

✓ 73

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Homestead St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ~~yrs.~~ mos. ~~ds.~~ How long in U. S. If of foreign birth? about 45 yrs

2. FULL NAME Leopold Max Honig

(a) Residence: No. 808 Homestead, Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Rosenstock Honig

6. DATE OF BIRTH (month, day, year) Jan 4, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sinai Grace Hospital

10. Date deceased last worked at this occupation (month and year) 2 yrs.

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Plymouth England

FATHER

13. NAME Max Honig

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Alice Honig

(Address) 808 Homestead

18. BURIAL, CREMATION, OR REMOVAL

Place Mayland Park Date Jan 5th, 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 7 1935, 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1934 to Jan 2, 1935

I last saw him alive on Jan 1, 1935 Death is said to have occurred on the date stated above, at 2.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	About 2 years
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt B Lybert M. D.

(Address) 2802 Harford Ave

F 08075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Woodsdale — Registered No. ____

CITY OF BALTIMORE: (No. 2716 Woodside Ave St., 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachael P. Charles

(a) Residence: No. 2716 Woodside Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of George B. Charles

6. DATE OF BIRTH (month, day, year) Jan. 3 – 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60.	11.	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME James L. Brown Sr.

14. BIRTHPLACE (city or town) (State or country) Frederick Maryland.

MOTHER

15. MAIDEN NAME Rebecca L. Taylor.

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland.

17. INFORMANT James L. Brown Jr.
(Address) 1725 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Dec 29 1934

19. UNDERTAKER Josiah Lyter
(Address) 1600 N. North Ave

DEC 28 1934

20. FILED ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1934, to Dec 27 1934

I last saw her alive on Dec 27 1934. Death is said to have occurred on the date stated above, at 1-05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 23
Lobar	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed. A. Freemeyer M. D.

(Address) 2855 Eutaw Place 20

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 08076 F 08076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital
CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Goldberg

(a) Residence: No. 2833 Waldorf ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) aug 4 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Hyman Goldberg

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Minnie Baer

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Hyman Baddack
(Address) 1714 Ruxton ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew
Place Rosedale Date Jan 4 1935

19. UNDERTAKER Jos L Wirgs & Bros
(Address) 1124 Balto st

20. FILED ..... 19.. ..... M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1935 to 1/3 1935

I last saw h.. alive on 1/3 1935. Death is said to have occurred on the date stated above, at 9 A.m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cellulitis of Face	12/25/34
2. Staphylococcus Septicaemia	?

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edward H Kellam M. D.

(Address) Sinai Hospital

M. D. F. 12 F 08077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08077

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH Lonsdale

Registered No.

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Celia Kolker

(a) Residence: No. Belvedere V Greenspring Ave V Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Kolker Supt

(Address) Belvedere V Greenspring Ave V

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Henry J Rem Date Jan 4. 1935

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/21 1934 to 1/3 1935

I last saw h[illegible] alive on 1/3 1935 Death is said to have occurred on the date stated above, at 2.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	12/28/34
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Levin M. D.

(Address) Lonsdale

OR CREMATION is very important. See instructions on back of certificate.

M. D. P. F-3-9 F 08078

F 08078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 213 F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp Baltimore St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline W Parker (70) (9)

(a) Residence: No. 116 Willis St Cambridge St., do Ward. Dorchester Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mandley Parker

6. DATE OF BIRTH (month, day, year) 12-30-71

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 yrs	1 0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook Common House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cas Eng Ship Bldg

10. Date deceased last worked at this occupation (month and year) 12 26 34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Edward Mackey

14. BIRTHPLACE (city or town) (State or country) Dorchester Md

MOTHER

15. MAIDEN NAME Rosa Creighton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mr. Luke Carter Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date 1-5-35 19

19. UNDERTAKER (Address) John O Mitchell & Son 1900 Eutaw Place

20. FILED 1-5-35 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-35

22. I HEREBY CERTIFY, That I attended deceased from ~~1-31-35~~ 1-1-35, 19..... to 1-3-35, 19..... I last saw ~~her~~ alive on 1-3-35, 1935. Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial.	1-1-35
Paralysis of bowels	1-1-35

George J Mossey M D

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 1-1-35

Where did Injury occur? Home Cas Buck Richardson

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Industry

Manner of Injury Coal and Wood Yard

Nature of Injury Lobar Terminal expiry

24. Was disease or Injury in any way related to occupation of deceased? yes If so, specify Fell in Lake Shaping ice boat

(Signed) G J Donahue M. D.

(Address) The Mercy Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1[illegible] F 08079

F 08079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3822 Cold Spring Lane 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 10 mos. 12 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Estelle White

(a) Residence: No. 3822 Cold Spring Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20 1859

7. AGE	Years	Months	Days	If LESS than 1 day, Hrs. or Min.
	75	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Orlando White

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah Klassen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Genevieve Stecker

(Address) 102 N Bishop Ave Mt Carmel Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan 4 1935

19. UNDERTAKER Wm Fred Gues Sons

(Address) North & Preston

20. FILED JAN 4 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-28 1934 to Jan 1 1935

I last saw h[illegible] alive on Jan 1 1935 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12/28/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) P G Jones M. D.

(Address) 702 N Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 08080

F 08080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 71-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General (St.) Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Charlotte Soiné—Schier

(a) Residence: No. Rolling Road (St.) Johnnycake Rd. Ward. Catonsville, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Carl F. Schier

6. DATE OF BIRTH (month, day, year): March 30, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: William Soiné

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Emma Spangler

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Manor Date: Jan 5 1935

19. UNDERTAKER: Wm J. Tuckner & Sons

(Address): North & Penna ave.

20. FILED Jan 5 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1934 to Jan 2, 1935

I last saw her alive on January 2, 1935 Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Apr, 1934

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Babcock M. D.

(Address) Maryland Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 08081

M. & B. 1945-3

F 08081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No. ____

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Sydenham Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles N. McNulty

(a) Residence: No. 411 Walcott Rd (Ward) Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 27 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Bernard J McNulty

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Marie Mueller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Bernard J McNulty
(Address) 411 Walcott Rd Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan 7 1935

19. UNDERTAKER Henry Heath Sons Inc
(Address) 301 E Lagua St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1935 to Jan 3rd 1935

I last saw him alive on Jan 3 1935 Death is said to have occurred on the date stated above, at 10:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/1/35
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Raquel E Bogrand M.D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1-9 F 08082

F 08082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE (No. Green & Redwood St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 65 yrs. 0 mos. 0 ds.

2. FULL NAME Hom Get

(a) Residence: No. 212 W. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Chinese	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 77	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Herman Kim

(Address) 7-N-High-St

18. BURIAL, CREMATION, OR REMOVAL

Place Lonasie Date Jan 4 1935

19. UNDERTAKER Shaum & Monch Co.

(Address) 1818 W Baltimore

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2- 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-30-34 19 to 1-2-35 19

I last saw him alive on 1-2-34 19 Death is said to have occurred on the date stated above, at 12:45 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Fearing M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1[illegible]

F 08083

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08083

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 661 Dumbarton Ave St., 9 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Hagy

(a) Residence: No. 661 Dumbarton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Norman A. Hagy

6. DATE OF BIRTH (month, day, year) Sept. 19, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Gittings

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. N. A. Hagy (Husband)
(Address) 661 Dumbarton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Chestnut Grove Cem Date Jan. 5, 1935

19. UNDERTAKER Reid Sondheim & Son
(Address) 1502 Eutaw Place

20. FILED Jan 7 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at A.M. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Other contributory causes of importance: Shock-overexertion due to residence sfire.	Jan 2/

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Lounge probably caught fire

Manner of injury from toy engine that son

Nature of injury was playing with.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1006 Fairmount

M. D. H. 1268-9

08084 HEALTH DEPARTMENT—CITY OF BALTIMORE 08084

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH CITY OF BALTIMORE: (No. 1005 McPhail st St., 70 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Just J. Kropkat

(a) Residence: No. 23 No Bentalou st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Kropkat

6. DATE OF BIRTH (month, day, year) April 21-1879

7. AGE: Years 55 | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Hans Kropkat

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mathilda (?)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Johanna Kropkat 23 No Bentalou st

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date Jan. 5 1935

19. UNDERTAKER George L. Schmidt

(Address) 27 W. Fredrick ave.

20. (Signed) ... Embalmer.

JAN 4 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 3 - 35
Other contributory causes of importance:	
arterio-Sclerosis (?)	

Name of operation Negative Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos L. Valentine M. D.
Coroner

(Address) 16 So Regester

M. D. B. 1206 F 08085 F 08085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 23 1

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 N Bentalou St. 16 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie Gertrude Underwood

(a) Residence: No. 924 N Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Underwood

6. DATE OF BIRTH (month, day, year) June 26 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none 0027

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md

FATHER

13. NAME James Murphey

14. BIRTHPLACE (city or town) (State or country) Charles Co Md

MOTHER

15. MAIDEN NAME Rebecca Tilton

16. BIRTHPLACE (city or town) (State or country) Charles Co Md

17. INFORMANT Walter Underwood
(Address) 924 N Bentalou St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Jan 4th 1935

19. UNDERTAKER Towell & Byers
(Address) 2224 Edmondson Ave

20. FILED Jan 4 - 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Jan 1 1935

I last saw h... alive on Jan 1 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Chr I.B. Nephritis	
Endocarditis	
Other contributory causes of importance: Pulmonary Oedema	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

Signed Hubert C Yates M. D.

(Address) 2151 Bellona Ave

M. D. B.-7268-9

F 08086 HEALTH DEPARTMENT—CITY OF BALTIMORE 08086

CERTIFICATE OF DEATH

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.
CITY OF BALTIMORE: (No. ..... St., 8 Ward) 157d
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Female Infant Clark — Patricia M. Clark
(a) Residence: No. 3034 Clifton Park Ter. Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Dec 23, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto City

FATHER
13. NAME: Thomas Clark
14. BIRTHPLACE (city or town) (State or country): Balto City

MOTHER
15. MAIDEN NAME: Helen Scott
16. BIRTHPLACE (city or town) (State or country): Balto City

17. INFORMANT: Mrs Mary Clark
(Address) 3034 Clifton Ter.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Jan 4, 1935

19. UNDERTAKER: Geo M. Trickett
(Address) 841 N Wolfe St

20. FILED: JAN 4 - 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 23, 1934, to January 3, 1935
I last saw her alive on January 3, 1935. Death is said to have occurred on the date stated above, at 2:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Atresia of esophagus (congenital)	
2. Bronchopneumonia	
Other contributory causes of importance:	

Name of operation: gastrostomy Date of: 12-27-34
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) J. M. Magruder M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

08087 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 08087

CERTIFICATE OF DEATH

35

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital St., 16 (Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Cole

(a) Residence: No. 1439 La Fayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-3 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Baltimore, Md.~~ Va.

FATHER

13. NAME Charles Cole

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Addie Lee

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Charles Cole

(Address) 1429 W. La Fayette Ave

18. BURIAL, CREMATION, REMOVAL

Place Mt Calvary Date Jan 4 1935

19. UNDERTAKER Sam'l W. Chase Sons

(Address) 1317 W. Fulton

20. FILED ..... 19 ..... Registrar.

JAN 4 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1934 to 1-1 1935

I last saw her alive on 1-1 1935 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inflammatory Stricture of Rectum	6-32
Other contributory causes of importance: Peritonitis	12-2834
	WW

Name of operation Rectal Dilatation Date of 12/29/34

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel M. Good M. D.

(Address) Baltimore City Hosp

M. D. B. 1268-9

F 08088 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08088

CERTIFICATE OF DEATH 95k

Registered No. .....

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Belle Martin

(a) Residence: No. 3518 Hickory Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. ~~If~~ married, ~~widowed or divorced~~ ~~HUSBAND of~~ WIFE of Walter Martin

6. DATE OF BIRTH (month, day, year) Aug 11 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H Lewis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter Martin

(Address) 3518 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Jan 5 1935

19. UNDERTAKER Walter A Lewis

(Address) 3518 Hickory Ave

20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1935

22. I HEREBY CERTIFY, That I attended deceased from 12 31 34 19... to 1-3-35 19...

I last saw h[er] alive on 1-3-35 19... Death is said to have occurred on the date stated above, at 1:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) W A Fearing M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08089 | CERTIFICATE OF DEATH. | 46b | F 08089

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5718 Pimlico Rd ST., 27 WARD)

2-FULL NAME John Adelhardt

(a) RESIDENCE NO. 5718 Pimlico Rd ST., 27 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Adelhardt

6 DATE OF BIRTH (month, day, and year): July 14, 1869

7 AGE: Years 65 | Months ~~11~~ 5 | Days 19 | If LESS than 1 day, ... hrs or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Florist 0045

(b) General nature of industry, business, or establishment in which employed (or employer): Raising Plants

(c) Name of employer: Mallod Krug

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Ernest F. Adelhardt

(Address) Randallstown Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan. 3 1935

17 I HEREBY CERTIFY, That I attended deceased from November 15 1934, to Jan. 3, 1935.

that I last saw him alive on Jan 3, 1935.

and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-Ray

(Signed) Thurman R. Want M. D.

1/3, 1935 (Address) 2601 Manhattan Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park | DATE OF BURIAL: Jan 5 1935

20 UNDERTAKER: Ger. H. Little | ADDRESS 3700 Edmondson Ave

TION is very important. See instructions on back of certificates.

M. D. B. 1268-2

08090

HEALTH DEPARTMENT—CITY OF BALTIMORE

08090

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerome Joseph Stinefelt

(a) Residence: No. 405 Lake Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mrs Myrtle Virgel-Stinefelt

6. DATE OF BIRTH (month, day, year) Dec 16, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Stinefelt

14. BIRTHPLACE (city or town) (State or country) Fulton, Md.

MOTHER

15. MAIDEN NAME Margaret Schupert

16. BIRTHPLACE (city or town) (State or country) Mountstown, Penn.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 5, 1935

19. UNDERTAKER Harry W. Ellen
(Address) 1044 W. Fayette

20. FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1934 to Jan 3, 1935

I last saw h.i.D. alive on January 3, 1935 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	Dec. 1934
Cardiac Decompensation	Dec, 1934

Other contributory causes of importance:

Chronic nephritis - prior to	Oct, 1934

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Claude Elliott Babcock, M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. 3 12500

F 08091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08091

CERTIFICATE OF DEATH

293 38

53E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 18 dys. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... dys.

2. FULL NAME Frederick Heckmann

(a) Residence: No. 3310 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M F	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of Elizabeth F. Heckmann

6. DATE OF BIRTH (month, day, year) 2-15-74

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	17/18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Sebastian Heckmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hememan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 1/5/35

19. UNDERTAKER F. B. Whitehurst Co
(Address) 333 Eutaw Place

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1934 to Jan 2, 1935

I last saw him alive on Jan 2, 1935. Death is said to have occurred on the date stated above, at 9 45 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, thyroid & obstruction Neoplasm of esophagus	Nov. 1934

Other contributory causes of importance:

Carcinoma, bronchial Metastases to lungs	Jan 1, 35 Nov 1, 34

Name of operation Gastrostomy Date of Dec 16

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Woodhace M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

M. D. F. 1938-9

F 08092

F 08092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 W Randall St. 23 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Leroy Jacobs.

(a) Residence: No. 131 W Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19—34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leroy Jacobs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Grace

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Leroy Jacobs
(Address) 131 W. Randall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date Jan. 5, 1935

19. UNDERTAKER Bernard A. Fiore
(Address) 5135 Harford Road

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934 to Jan 3, 1935

I last saw h[illegible] alive on Jan 3, 1935 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lues Cerebrospinalis	Dec 20/34
Other contributory causes of importance:	
Exhaustion	1/1/35

Name of operation none Date of

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence): fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If yes, give

1/4/35 (Signed) H. L. Campbell M. D.
(Address) 1644 Hanover St.

F 08093

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 08093

93a

1. PLACE OF DEATH

County... Baltimore

Village or City Baltimore

Registration Dist. No.

No. 15 St., Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emelia Amy Dandergill

(a) Residence: No. 3627 Cottage Ave St. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John W. Dandergill

6. DATE OF BIRTH (month, day, and year) Oct 7 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co Md
(State or country)

FATHER

13. NAME John Dandridge

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Emeline Hildebrand

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT D. H. Dandergill
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 7 1935

19. UNDERTAKER D. D. Hoffman
(Address) West Windsor

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 4 (Month) (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1934 to Jany 4 1935

I last saw h alive on January 3 1935, death is said to have occurred on the date stated above, at m

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

Date of onset

Myocarditis Acute

Other Contributory Causes of importance

Senile Decay

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur? No.
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

No injury

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) George C. Thurman M. D.

(Address) 700 N. Fulton Ave

TION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

F 08094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08094

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hospital St., 6 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth yrs. mos. ds.

2. FULL NAME Mrs. Julia Siniawski
(a) Residence: No. 227 N. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced. HUSBAND of (or) WIFE of Paul Siniawski

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Paul Siniawski
(Address) 227 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Russian Cem. Date Jan. 5, 1935

19. UNDERTAKER John Gotkaufus
(Address) 423 S. Paca St.

20. FILED 1935 Registrar.

JAN 4 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-35

22. I HEREBY CERTIFY, That I attended deceased from 12-26-34, 19 to 12-35, 19
I last saw her alive on 1-2-35, 19 Death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Ch. Cholecystitis	

Name of operation Cholecystectomy Date of 12-31-34
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Allison, M. D.
(Address) Bon Secours Hospital

M. D. B. F 08095 F 08095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St., 13-4 Ward)

Registered No. 121
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elliott L. Singer Jr.

(a) Residence: No. 1715 Guyomm Hall St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 3-1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Benj Singer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Hurwitz

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Mt Hebrew Roedale Date 1/4/35

19. UNDERTAKER (Address) Jack Levin Inc 1434 E Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935 to January 4, 1935
I last saw h[illegible] alive on January 4, 1935 Death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis	1-1-35
2. Peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy Date of 1-1-35
What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, [illegible]

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

M. D. B. 1938-9

F 08096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08096

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2446 Frederick Ave Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Ellsworth Trabert

(a) Residence: No. 2446 Frederick Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Artice E. Trabert

6. DATE OF BIRTH (month, day, year): May 12, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: D086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: John Henry Trabert

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Barbara Baker

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Irene Clarke

(Address) 2446 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan. 5, 1935

19. UNDERTAKER: Josiah Fyfer

(Address) 1600 W. Baltimore

[illegible] Registrar.

JAN 4 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1934 to Jany 2, 1935

I last saw him alive on Jany 2, 1935. Death is said to have occurred on the date stated above, at 3-30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/24/34

Other contributory causes of importance:

Arterial Tension	Apx. 34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hayward Dunn M. D.

(Address) 1527 Saratoga Ave

M. D. F 126 F 08097

F 08097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Hamburg St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME George A Biggs

(a) Residence: No. 2218 Hamburg St St., Ward.

(Usual place of abode) (If non-resident give town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannie Biggs

6. DATE OF BIRTH (month, day, year) Dec 8 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	~~11~~	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md.

FATHER

13. NAME Dudrick Biggs Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Malinda Goodwin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ida E Reynolds

(Address) 2218 Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 7 1935

19. UNDERTAKER Thomas E Wyatt

(Address) 1811 Carrollton Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1935

22. I HEREBY CERTIFY, that I attended deceased from Dec 20 1934 to Jan 2 1935

I last saw him alive on Jan 1 1935 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar — Date of onset Dec 1934

Other contributory causes of importance:

Arteriosclerosis — 11

Name of operation None Date of

What test confirmed diagnosis? Clinical symptoms & signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles N. Fowler M. D.

(Address) 712 S. Hays St

M. D. B 12

F 08098

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08098

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospt. 93-D

CITY OF BALTIMORE: (No. Balto, Md St., 1st Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Thomas

(a) Residence: No. 2228 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 8-2-95

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037 None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Fahey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records City Hospt.

(Address) Balto City Hospt.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Jan 5 1935

19. UNDERTAKER Thomas Eddington

(Address) 2005 Eutaw Place

20. FILED ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/35

22. I HEREBY CERTIFY, That I attended deceased from 1-2- 1935 to 1-2- 1935

I last saw her alive on 1-3- 1935 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	2
	"
Other contributory causes of importance: Acute Mania Excitement	2

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry H Brown M. D.

(Address) Balto City Hospitals

M. D. B 1268-9

F 08099

F 08099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 26 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward E Grayson

(a) Residence: No. 4901 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Grayson

6. DATE OF BIRTH (month, day, year) Aug 28 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47 4/6	47	4	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joseph Grayson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Elizabeth Ziegler

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Lilian Grayson

(Address) 4961 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Jan 5 1935

19. UNDERTAKER Leo G. Brook

(Address) 1723 N. Eutaw Park Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Peterson M.D. M. D.
Coroner

(Address) 130 N Fulton Ave

M. D. B. 1268-9

F 08100

08100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1935

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 S. Glover St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary M. Weis

(a) Residence: No. 701 S. Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Joseph A. Weis

6. DATE OF BIRTH (month, day, year) Dec 12th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Diglemann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Richard Weisheit

(Address) 220 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 7th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 8 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug., 1934, to Jan 3 —, 1935.

I last saw her alive on Jan 2, 1935. Death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio. Vascular - Renal	Aug 1934
(Uremia)	
Other contributory causes of importance:	
General Arteriosclerosis	Aug 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank A Brewer, M. D.

(Address) 1251 Park Ave

M. D. P. 1268-9

F 08101

08101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wellington J Thule

(a) Residence: No. Emerald St., Ward. Md —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34 3 5	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Thule

14. BIRTHPLACE (city or town) (State or country) Va —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Friends —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med School Date Jan 4 1934

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1934 to Dec 28 1934

I last saw h... alive on Dec 28 1934 Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriolar Sclerosis	?
Chronic Vascular Nephritis	?
Uremia	? Acc.

Other contributory causes of importance:

Hypertension
Myocardial Insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) R Carmichael Leigh Lman, M. D.

(Address) Johns Hopkins Hospital

M. D. F. 1268-9

(Robinson)

F 08102

08102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred yrs. 12 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy R Robinson

(a) Residence: No. 129 Unity St. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) 1-2-35

7. AGE	Years	Months	Days	If LESS than 1 day 17 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newborn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emergency Hospital Balto. Md.

MOTHER

13. NAME Char. Stoker

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

15. MAIDEN NAME Hattie R Stanger

16. BIRTHPLACE (city or town) (State or country) Annapolis

17. INFORMANT Mother Hattie Robinson

(Address) 129 Unity St.

18. BURIAL, CREMATION, OR REMOVAL

Place J H Med School Date Jan 4th 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-35 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-35 19 to 1-2-35 19

I last saw him alive on 1-2-35 19 Death is said to have occurred on the date stated above, at 6:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 36 wks	1-1-35
Other contributory causes of importance: atelectasis - Congenital	1-1-35

Name of operation None Date of

What test confirmed diagnosis? clinical Were an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E Savage M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

08103 F 08103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2202 Cecil ave St., 9 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Koehler

(a) Residence: No. 2202 Cecil ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Koehler

6. DATE OF BIRTH (month, day, year) Jul 22. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Christian Koehler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Lotz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Koehler

(Address) 2202 Cecil ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date Jan 7 1935

19. UNDERTAKER John Ulrich

(Address) 2005 Allen

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from DEC 20 . 1934 to Jan 3rd . 1935

I last saw him alive on Jan 3rd 1935 Death is said to have occurred on the date stated above, at 4 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	1/2/35

Other contributory causes of importance:

Influenza & Myocarditis complicated by Strangulated Hernia	1/2/35

Name of operation none Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Otto F Duke M. D.

(Address) 926 E North ave

11

M. D. B. F 08104 F 08104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1572

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Damie
(a) Residence: No. 4424 Pall Mall Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9 8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME David Damie
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Dorothy Berkowitz
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Shrew Woodlawn Date 1-4-35 19

19. UNDERTAKER Fort Lewis Funeral
(Address) 1439 E. Balto St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4 1935

22. I HEREBY CERTIFY, That I attended deceased from January 2 1935 to January 4 1935
I last saw him alive on January 3 1935 Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Congenital cyst of kidneys	
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Paul W. Bread M. D.
(Address) Sinai Hospital

M. D. P. F-9 F 08105 F 08105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 N Lansdale St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Columbia Newsome

(a) Residence: No. 310 N Lansdale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Unknown.

7. AGE: Years: 70+ | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: John Newsome

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Emily Wright

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Miss Columbia Newsome

(Address) 310 N Lansdale St

18. BURIAL, CREMATION, OR REMOVAL.

Place: Int Elliot Date: Jan 6/36

19. UNDERTAKER: J C Robertson & Son

(Address) 1300 Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3- 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to January 3, 1936

I last saw her alive on January 3, 1936 Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia, 2d	
Cerebral hemorrhage	12/29/35

Other contributory causes of importance:

Cona.

Name of operation: None. Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. G. Nesbitt M. D.

(Address) 2347 - 1551 North Ave,

M. D. B. 1268-9

F 08106

HEALTH DEPARTMENT—CITY OF BALTIMORE

08106

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3810 Copley Road St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C.Kratsch

(a) Residence: No. 3810 Copley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Owens

6. DATE OF BIRTH (month, day, year) June 30.1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	4 3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Kratsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise A.Vogel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Owens Kratsch
(Address) 3810 Copley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jany.5.35

19. UNDERTAKER John C.Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 1-7-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany.3.1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 19[illegible], to Jan 3, 1935. I last saw h[illegible] alive on Jan 3, 1935. Death is said to have occurred on the date stated above, at 3 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1926
Other contributory causes of importance:	
Angina pectoris	1924
Contracted goitre	Nov. 1934
Chronic nephritis	1932

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D.

(Address) 12 E.Eager St.

M. D. B 12694

08107 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 08107

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1201 S. Clinton St., No Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bernard M. Wiethuger

(a) Residence: No. 1201 S Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mathilda Wiethuger

6. DATE OF BIRTH (month, day, year) July 8 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	38	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern 84

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Wiethuger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Kline

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mathilda Wiethuger
(Address) 1201 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral 1/5 35

19. UNDERTAKER Stephen J. Jakowski Inc
(Address) 1000 S. Linwood ave

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemorrhage of Lungs	
due to Fistal Shot Wound	
Homicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 1/1 1935

Where did injury occur? 1201 S Clinton
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fistol Shot Wound

Nature of injury Haemorrhage of Lungs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) F F Herzog M D M. D.
Attending Physician or Coroner

(Address) 130 N Patterson Park Ave

Spec—9 20—A & Co—250 Blks

F 08108

08108

HEALTH DEPARTMENT—CITY OF BALTIMORE

25 V

CERTIFICATE OF DEATH.

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 1813 Lanetta ave ST. 20 WARD)

2 FULL NAME Doresia Peck

(a) RESIDENCE NO 1813 Lanetta ave ST. ..... WARD ..... (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 2 mos 23 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Col	—

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of c

6 DATE OF BIRTH (month, day, and year) 10-11-31

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work +

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John W. Peck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mamie Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Helen M. Savage
(Address) 1813 Lanetta Ave. Balto

15 Filed 1935 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH 0

16 DATE OF DEATH (month, day, and year) 1-4-35

17 I HEREBY CERTIFY, That I attended deceased from 12-14, 1934, to 1-3-, 1935

that I last saw her alive on 1-3-, 1935

and that death occurred, on the date stated above, at 1. a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Intestines

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. Mansell Lawrence M. D.

. 19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Jan 5, 1935

20 UNDERTAKER Mrs. Katie R. Williams ADDRESS 322 N. Schroeder St.

M. D. P. 1268-9

F 08109 ✓ F 08109.

F 08109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St., 17-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elnora Dennis

(a) Residence: No. 709 Harlem ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 29 24

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10 10	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frankel Dennis

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Rosetta Collins

16. BIRTHPLACE (city or town) (State or country) East Virginia

17. INFORMANT Rosetta Dennis

(Address) 709 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest, Towson, Md. Date Jun 5, 1935

19. UNDERTAKER Mrs. Katie B. Williams

(Address) 322 N. Schroeder st.

20. FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1934 to 1-2 1935

I last saw h[illegible] alive on 1-2 1935 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Empyema	29
Other contributory causes (importance):	
Scleroderma	12-7 1934

Name of operation Rib Resection Date of 12-31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. B. Harris M. D.

(Address) Provident Hospital

M. D. B. 12684

F 08110

08110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 W. Saratoga St. 4-01 Ward)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Giles

(a) Residence: No. 729 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ella Giles

6. DATE OF BIRTH (month, day, year): May-26-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Spinning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Iron yard

10. Date deceased last worked at this occupation (month and year): 12/18/34

11. Total time (years) spent in this occupation: 1 yrs

12. BIRTHPLACE (city or town) (State or country): Dinwiddie Co. Va

FATHER

13. NAME: Washington Giles

14. BIRTHPLACE (city or town) (State or country): Dinwiddie Co Virginia

MOTHER

15. MAIDEN NAME: Lottie Shelton

16. BIRTHPLACE (city or town) (State or country): Dinwiddie Co Maryland

17. INFORMANT (Address): Ella Giles 729 W Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL: Place Wilson, Va Date Jan. 5, 1935

19. UNDERTAKER (Address): Mrs Katie R. Williams 322 N. Schroeder Sts

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/12/26, 1934 to June 1, 1935

I last saw him alive on June 1, 1935. Death is said to have occurred on the date stated above, at 6:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	5 Days
Other contributory causes of importance: Dropsy	13 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Crawford M. D.

(Address) 122 W Lee St

M. D. B. 1261-9

✓ F 08111

08111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 632 Wildwood Parkway St., Ward) 16-8

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~.....~~ yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Starling Watson

(a) Residence: No. 632 Wildwood Parkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): June 4-1903

7. AGE: Years 31 | Months 6 | Days 28 29 | If LESS than 1 day, ... hrs. ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk. 7+99
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Hugh Watson
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER
15. MAIDEN NAME: Bettie Burke
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Thos E. Watson
(Address) 632 Wildwood Pkwy

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cem Date: 1/5/ 1935

19. UNDERTAKER: J. Gordon Watson
(Address) 3606 Ellerslie Ave

20. FILED: 1-4-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2nd 1935

22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Asphyxiated by Illuminating Gas	
Other contributory causes of importance: Coffee pot boiled over	

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 2nd 1935
Where did injury occur? 632 Wildwood Pkwy
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury Asphyxiated
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Leslie Lucke, M. D.
Coroner
(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08112

08112

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Maryland ave St. 12 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Reddick

(a) Residence: No. 1502 Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Reddick

6. DATE OF BIRTH (month, day, year) unknown 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	53		—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1869

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

13. NAME unknown Reddick

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Frank Reddick Son

(Address) 1630 Eutaw ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 5 1935

19. UNDERTAKER J. J. Burke

(Address) 1463 W. Lexington St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	5 days
Other contributory causes of importance: Bronchial Pneumonia	4 d

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Hanlon M. D. Coroner

(Address) 700 E. Chase

M. D. B. 1268-9

✓ F 08113

08113 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 W. Lanvale St. 16 Ward)

Length of residence in city or town where death occurred ....yrs. 8 mos. ....da. How long in U. S. If of foreign birth?....yrs. ....mos. ....da.

2. FULL NAME Alice Brown.

(a) Residence: No. 1410 W. Lanvale St., ... Ward. West 16

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Brown

6. DATE OF BIRTH (month, day, year) Unknown-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 4

10. Date deceased last worked at this occupation (month and year) 2 yrs.

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

FATHER

13. NAME Jacob Gross

14. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

MOTHER

15. MAIDEN NAME Ellen Unknown

16. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

17. INFORMANT Mattie Duppins

(Address) 1410 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan. 7 1935

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey St

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1935 to Jan. 3 1935

last saw h[illegible] alive on Jan. 3 1935 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12/31/34

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? History & symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify —

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

M. D. B. 1268-9

F 08114

08114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5418 Belair Rd. St., 27 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah I. Feltz

(a) Residence: No. 5418 Belair Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Feltz

6. DATE OF BIRTH (month, day, year) April 6-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	8	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

FATHER

13. NAME John W. Wilson

14. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca McElwa

16. BIRTHPLACE (city or town) Pa. (State or country)

17. INFORMANT Mrs. E. Kahl

(Address) 5418 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Orem Cem. Date Jan. 5/35 19

19. UNDERTAKER Mrs E. Miller & Son

(Address) 2334 Jefferson St.

20. FILED Jan 7 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/1/ 1934 to 1/3/ 1935

I last saw h.. alive on 12/31/ 1934 Death is said to have occurred on the date stated above, at 5 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease - (Chronic)	1934
Other contributory causes of importance: Cardiac insufficiency -	12/29/34

No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: No

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George Abner Bauden M. D.

(Address) 1517 E. North Ave.

M. D. B 1268-B

F 08115

08115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1849 W. Chester St. St., 8 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul L. Schubert

(a) Residence: No. 1849 W. Chester St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Schubert

6. DATE OF BIRTH (month, day, year) Feb. 4-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Steelworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dietrich Bros.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 7 7/12

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Schubert

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Norman Schubert
(Address) 1849 W. Chester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 8/35 19

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2334 Jefferson St.

20. FILED Jan 8 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

M. D. B. 1268-9

F 08116

08116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 E. Fayette St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Clarence E. Groves

(a) Residence: No. 2026 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara M.

6. DATE OF BIRTH (month, day, year) Mar 10/1897

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	37	9	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur (For...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER FATHER

13. NAME Wm. J. Groves

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Sarah Clinton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah M. Groves (wife)
(Address) 2026 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery (Date 1-7-35 19

19. UNDERTAKER Mrs. C. Miller & Son
(Address) 2334 Jefferson St

20. FILED ..., 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at about 3 A.M.

The principal cause of death and related causes of importance were as follows:

Probable Cerebral Embolus — Date of onset Jan 2/35

Other contributory causes of importance:

Possible Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Bauer, M. D. Coroner

(Address) 508 E. Fayette

M. D. B. 1268-9

08117 ✓ F 08117

HEALTH DEPARTMENT—CITY OF BALTIMORE

08117 66-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Montebello Terrace St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. Hechmer

(a) Residence: No. 2702 Montebello Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Hechmer

6. DATE OF BIRTH (month, day, year) Dec. 11, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John C Meyers

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Margaret Lang

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Adam Hechmer

(Address) 2702 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/5 . 1935

19. UNDERTAKER Margaret E Flynn

(Address) 1422 Light St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 . 1934 to Jan 5 . 1935

I last saw h alive on Jan 5 . 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Myocardial Insufficiency	

Other contributory causes of importance:

Senile Senile Thyroid	4 yrs
Endocarditis	1 yr

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam E. Hechmer M. D.

(Address) 718 Park Ave.

AACo. 5-11 1500

F 08118

08118 **HEALTH DEPARTMENT CITY OF BALTIMORE**

133

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 Guilford Ave St. 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Newman Lennon

(a) Residence: No. 3133 Guilford Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced (or) WIFE of Alvin B Lennon

6. DATE OF BIRTH (month, day, year) Jan 31, 1886

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	48	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 7yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles F. Newman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Tidrow

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

17. INFORMANT Alvin B Lennon

(Address) 3133 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date Jan 7 1935

19. UNDERTAKER Chas. F. Black

(Address) 742 W Pratt St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1933, to January 4, 1935

I last saw her alive on January 2 1935 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Left)	about Feb 2, 1933
	about Nov. 1934

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas F. Lehner M. D.

(Address) 1629 E Baltimore St

M. D. P. 1268-9

08119 F 08119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Southern Hospital St., 9 Ward)

Length of residence in city or town where death occurred 70 yrs. 1 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles R. Carrick

(a) Residence: No. 635 Eaton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa L. Carrick

6. DATE OF BIRTH (month, day, year): Nov 12 1868

7. AGE — Years: 70 | Months: 1 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore P. O

10. Date deceased last worked at this occupation (month and year): 8

11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (city or town) (State or country): Keokuk Iowa

FATHER

13. NAME: Thomas H. Carrick

14. BIRTHPLACE (city or town) (State or country): Prince George Co Md

MOTHER

15. MAIDEN NAME: Sarah E. Bray

16. BIRTHPLACE (city or town) (State or country): L. I. Co Md

17. INFORMANT: Oliver C. Carrick

(Address) 627 Wyanoke ave

18. BURIAL, CREMATION, OR REMOVAL: Cedar Hill Cemetery Date Jan 5 1935

19. UNDERTAKER: Chas. J. Black

(Address) 1912 W. Baltimore

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-2 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1934 to Jan 3 1935

I last saw him alive on Jan 2 1935 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7
Other contributory causes of importance:	
Uremia Poisoning	
Diabetic Mellitus	
Chronic Nephritis	6 yr.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elmer B. Pearson M. D.

(Address) 1701 Park Ave

1935

M. D. F. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

8120

CERTIFICATE OF DEATH

93-D

Registered No. 8120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. In a coach in Camden Yards B. & O. R.R. Co. at Lee St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph R. Turner.

(a) Residence: No. 4607 Belvieu Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, HUSBAND of Nannita Turner.

7. DATE OF BIRTH (month, day, year) August 3, 1873

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Conductor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

13. NAME Joseph Turner.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

15. MAIDEN NAME Julia,.....

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Nannita Turner, (wife)

(Address) 4607 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL Fernwood Cem Gibson Date 1-[illegible], 1935

19. UNDERTAKER Robert Buchanan

(Address) [illegible]

FILED [illegible] 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

1/3/35 (Signed) Otto M. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St.

M. D. B. 1269-9

F 08121

08121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Woodbine St. 24 Ward)

Length of residence in city or town where death occurred 52yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Stabler

(a) Residence: No. 3820 Woodbine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Margaret L. Stabler

6. DATE OF BIRTH (month, day, year) May 9 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paterson Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Alois Stabler

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Mary Ellen Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edward Stabler

(Address) 3820 Woodbine St

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cem. Date Jan 5 1935

19. UNDERTAKER A. B. Mass Sons

(Address) 3039 Falls Road

19 FILED . 19 Registrar.

35-1025

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/15/34, 19 to 1/3/35, 19

I last saw him alive on 1/3/35, 19 Death is said to have occurred on the date stated above, at 2.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Chronic Cardio Vascular Disease	10 yrs
2 Acute Pulmonary Edema with Acute Cardiac failure	1 hour
Other contributory causes of importance:	
1) Chronic Bronchitis	3 yrs
2) Senile nutrition	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl L. Chambers, M. D.

(Address) 7804 Liberty Hts. Ave.

M. D. B. 1268-B

08122 08122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Hospital for Women & Lying In Ward) 11

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Young Burton

(a) Residence: No. 242 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 19. 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Worker in urged sulphuric

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $390

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert Burton

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Sarah E. Sprudlen

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Agnes M. Haines
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 1/7 1935

19. UNDERTAKER Robert Burns's Son
(Address) Gilmor & Baltimore

20. FILED ... 19... Registrar.

1-6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934, to Jan 4, 1935

I last saw her alive on Jan 4, 1935. Death is said to have occurred on the date stated above, at 8:00 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid — Date of onset ?

Other contributory causes of importance:

Collateral Embolism — Aug 34.
Malnutrition

Name of operation ... Date of ...

What test confirmed diagnosis? Gross Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Burdick E. Compton, M. D.

(Address) Womans Hosp.

M. D. B 1268-9

F 08123

8123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. 126 Ward)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Lee Salt.

(a) Residence: No. 2202 St. Paul St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) July 30, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Kettenrias.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elsie M. Salt.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Elsie M. Salt. (mother)

(Address) 2202 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Jan 5th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19..., to ... 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt, M. D. Coroner

1/4/35 (Address) 1017 E. Charles st.

JAN 5 1935

M. D. B. 1268-9

08124 F 08124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred — yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DONALD PRESTON HOWARD

(a) Residence: No. 614 West 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-2-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME THOMAS HOWARD

14. BIRTHPLACE (city or town) (State or country) MARYLAND

15. MAIDEN NAME MARY HICKS

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT MOTHER
(Address) 614 W. 36th St

18. BURIAL, CREMATION, OR REMOVAL Pine Ridge Towson Md.
Place Date Jan 5, 1935

19. UNDERTAKER Thomas Howell Sons.
(Address) 3615-17 Chelsea Ave.

20. FILED JAN 5 - 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

6

21. DATE OF DEATH (month, day, year) 1-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1934 to Jan. 4, 1935
I last saw him alive on Jan. 4, 1934 Death is said to have occurred on the date stated above, at 3:20 P.m.

The principal cause of death and related causes of importance were as follows:

Erysipelas — Date of onset 12-25-34

Other contributory causes of importance:

Septicemia

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Warren S. Hecht, M. D.

(Address) Union Memorial Hospital

M. D. B. 1208-9

F 08125

08125 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2928 Kisuick Road 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel A. Jackson

(a) Residence: No. 2928 Kisuick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Jackson

6. DATE OF BIRTH (month, day, year) Nov 4, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
72	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 609

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John W. Jackson

(Address) 2928 Kisuick Road

18. BURIAL, CREMATION, OR REMOVAL md

Mt Carroll Butlo Co Date Jan 8, 1935

19. UNDERTAKER Edmonds & Son

(Address) 3615-17 Chestnut Ave

20. FILED JAN 9 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 '34 to Jan 5 '35

I last saw him alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 6 20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Dec 23 '34

Other contributory causes of importance:

Cerebral Hemorrhage Fatty

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lee Richardson M.D.

(Address) 112 W. 20th St.

M. D. F. 1268-9

F 08126

08126 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 E Cross St. 2d Ward)

Length of residence in city or town where death occurred 48 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah L. Stallkamp.

(a) Residence: No. 128 E Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced	6. DATE OF BIRTH (month, day, year)
HUSBAND of (or) WIFE of George Stallkamp	Sept. 30 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

MOTHER FATHER

13. NAME Andrew Shillinger

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Mary Lyons

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT George Stallkamp

(Address) 128 E Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Mt Olivet Date Jan. 7 1935

19. UNDERTAKER E. & B. Kader

(Address) 115 S First St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1935 to 1/4 1935

last saw h[illegible] alive on 1/4 1935 Death is said to have occurred on the date stated above, at 12 45 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchial)	1/1/35

Other contributory causes of importance:

Acute Coed.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Edw. Lynch M. D.

(Address) 910 Light St.

M. D. B. 1268-9

08127 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08127

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1510 — 14 Gilmor St., 18 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Scott

(a) Residence: No. 1013 Bennett St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A, A	Widow

6a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Louis Scott

6. DATE OF BIRTH (month, day, year) 7/1/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

FATHER

13. NAME John Joyce

14. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

MOTHER

15. MAIDEN NAME Kizah Kelly

16. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

17. INFORMANT Herbert Joyce

(Address) 1013 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 7, 1935

19. UNDERTAKER Mrs R. A. Elliott

(Address) 1129 N. Carlton

20. FILED JAN 5 - 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/28, 1934 to 1/3, 1935

I last saw her alive on 1/3, 1935 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	undefined

Other contributory causes of importance:

Myocarditis	
Arterio Sclerosis	
Hypertension	Unk

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson E. Johnson M. D.

(Address) 1632 Baker St

M. D. P. 1268-9

F 08128

08128 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Kleiner

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Joseph Kleiner

6. DATE OF BIRTH (month, day, year): 18 Jan. 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	"	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: +

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER FATHER

13. NAME: John Long

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor-1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 5 1935

19. UNDERTAKER Rita Wiedefeld
(Address) 914 E. Fayette St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 January 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Jan 4 1935

I last saw her alive on Dec 28 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	
Senility	
Other contributory causes of importance: Arterio Sclerosis	

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. Dr. Carter M. D.

(Address) 1114 Park Ave

M. D. B. 1268-9

F 08129

08129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1105 S East Ave (Ward) 26

Length of residence in city or town where death occurred 37 yrs. 11 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Elizabeth Lekuloff

(a) Residence: No. 1105 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Lekuloff

6. DATE OF BIRTH (month, day, year): Jan. 8, 1897

7. AGE: Years 37 | Months 11 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wrapper & Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nottschild Kohn's

10. Date deceased last worked at this occupation (month and year): Dec 1933

11. Total time (years) spent in this occupation: 7 90

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Charles W. Albrecht

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Anna E. Wiegand

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Wm E. Albrecht 620 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Jan. 5, 1935

19. UNDERTAKER (Address): Wm Rich Sons & Lord Parkwood

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1934, to Jan 3, 1935

I last saw h alive on Jan 2, 1935. Death is said to have occurred on the date stated above, at 8.31 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec 30 1934
Other contributory causes of importance:	
La Grippe	Dec 20 1934

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan J. Davidow M. D.

(Address) 3228 Eastern Ave

JAN 5 1935

M. D. F. 1268-9

F 08130

08130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 E. Lane Av St., 27 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Elizabeth D. Kelley

(a) Residence: No. 422 E. Lane Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced (or) WIFE of Elgia F. Kelley

6b. DATE OF BIRTH (month, day, year) Aug 22 1839

7. AGE: Years 95 Months 4 Days 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft Spring Bath Co Md.

13. NAME of Father John Talbott

14. BIRTHPLACE (city or town) (State or country) Bath Co Md

15. MAIDEN NAME of Mother Eliza Dimmick

16. BIRTHPLACE (city or town) (State or country) Bath Co Md

17. INFORMANT (Address) Mrs Virginia Cohen 422 E. Lake Av

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date Jan 5 1935

19. UNDERTAKER Wm J Tickner & Bros (Address) Lake Co

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 1st 1935 to Jany 4 1935

I last saw her alive on Jany 4th 1935 Death is said to have occurred on the date stated above, at 12 20 a m.

The principal cause of death and related causes of importance were as follows:

Jany 8/35 Pneumonia Bronchitis Exhaustion

Date of onset 5 Da

Other contributory causes of importance:

Failing & bed ridden 15 Mo

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E A Smith M. D.

(Address) 1606 N. Monroe St

M. D. F. 1263-9

✓ F 08131

08131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 - 141

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 15 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Balto

2. FULL NAME Mrs La Rue Morris

(a) Residence: No. 3800 Sequoia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James S. Morris

6. DATE OF BIRTH (month, day, year) Oct 20. 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utica N.Y.

FATHER

13. NAME Gary M. Baltis

14. BIRTHPLACE (city or town) (State or country) Utica N.Y.

MOTHER

15. MAIDEN NAME Della Houk

16. BIRTHPLACE (city or town) (State or country) Detroit Mich

17. INFORMANT Mr. James S. Morris

(Address) 3800 Sequoia ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Jan. 5 1935

Place

19. UNDERTAKER W. J. Richardson Sons

(Address) 1604 Eutaw ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935 to Jan 3 1935

I last saw her alive on Jan 3 1935 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec/34
Other contributory causes of importance:	
Emphysema	1/1/35
Abortion (spontaneous)	1/3/35

Name of operation Thoracotomy Date of 1/3/35

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? None. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Taylor M. D.

(Address) Univ. Hosp.

F 08132

08132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W Lombard St., 4 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? 7 yrs. mos. da.

2. FULL NAME JOSEPH LAUKAITIS

(a) Residence: No. 707 W Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of MINNIE LAUKAITIS

DATE OF BIRTH (month, day, year) Unknown 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	*	*		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Baltrus Laukaitis

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Minnie Laukaitis
(Address) 707.W.Lombard.Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan.7 19 35

19. UNDERTAKER The Arbitmeckas
(Address) 423 S. Paca St

20. FILED Jan 8 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4th 35

22. I HEREBY CERTIFY, That I attended deceased from Jany 3rd 35 to Jany 4th 35
I last saw him alive on Jany 4th 35 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

Phthisis Pulmonalis — Date of onset 5 yrs ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No (If so, specify)

(Signed) John B. Meadowship M. D.

(Address) 647 Washington Blvd

IV

M. D. P. 1268-9

F 08133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08133

107-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 27 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Richard A. Dunn

(a) Residence: No. 3121 Virginia Ave St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Cordia Beeler Dunn

6. DATE OF BIRTH (month, day, year): August 23 1849

7. AGE: Years 85; Months 4; Days 10; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Capt. Steamboat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Michael Dunn

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen Mooney

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Joseph Dunn 3121 Virginia Ave

18. BURIAL, CREMATION, REMOVAL: Place: Cathedral Cemetery Date: Jan. 7th, 35

19. UNDERTAKER (Address): Joseph Foard & Son 218 W. Mt. Royal Ave

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 34, 19 [illegible] to Jan 3, 1935

I last saw him alive on Jan 3, 1935. Death is said to have occurred on the date stated above, at 1:1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Senility

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address)

M. D. B. 1268-0

F 08134

08134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2622 N. Charles St., 12 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FRANCIS P. MURPHY

(a) Residence: No. 2622 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~: Sallie Yohn Murphy

7. DATE OF BIRTH (month, day, year) Mar. 16, 1864

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salt Fish Busines

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 9991

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Alisha Barrett

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Sallie Yohn Murphy
(Address) 2622 North Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Interment Cathedral Cemetery Date Jan 7, 1935

19. UNDERTAKER Chas. H. Grand & Son
(Address) 1700 Eutaw Place

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Jan 4, 1935

I last saw him alive on Jan 4, 1935 Death is said to have occurred on the date stated above, at 11.4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	Months
Other contributory causes of importance:	
Myocardial Insufficiency	Jan 1-35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. H. Grand Son M. D.

(Address) 1923 Eutaw Pl.

M. D. B 1269-9

08135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08135

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Bay Shore Hospital 19 Ward)

Length of residence in city or town where death occurred 33 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Watts

(a) Residence: No. 32 So Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Sept 7-01

7. AGE: Years 33 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: William F. Watts

14. BIRTHPLACE (city or town) (State or country): Kentucky

15. MAIDEN NAME: Ewal L. Vickers

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Anna L. Watts
(Address) 32 So Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Jan 5, 1935

19. UNDERTAKER: Harry H Witzke
(Address) 4101 Edmonson Ave

20. FILED ... 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1935

22. I HEREBY CERTIFY That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
	2,

Other contributory causes of importance:

Chronic Nephritis

Name of operation: Injury Date: Jan 4-14

What test confirmed diagnosis? Y Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M. D. Coroner

(Address)

H. D. B 1268-0

08136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08136

205-F

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Cleveland

(a) Residence: No. 102-4 N Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lucy Cleveland

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) West Indies

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Lucy Cleveland
(Address) 1234 S Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/6/35, 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1200 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of R. Leg due to Amputation	
Other contributory causes of importance: Accidental Fall	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 12/31, 1934

Where did injury occur? Canton & Holabird Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Caught in Shafting amputated

Nature of injury Leg torn from body

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify —

(Signed) T. F. Neary M.D. M. D.
Coroner

(Address) 132 N Fulton Ave

F 08137

M. D. B. 1368-2

08137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 Brookwood Road St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 80 yrs. ... mos. ... ds.

2. FULL NAME Moses Katz

(a) Residence: No. 715 Brookwood Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Henrietta F. Katz

7. DATE OF BIRTH (month, day, year) Jan. 3, 1854

8. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Hirsh Katz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. M. Fuld (brother in law)
(Address) Arlington Park Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Jan. 6, 1935

19. UNDERTAKER Third Cemetery Co.
(Address) 1902 Eutaw Place

20. FILED ..., 19... ... Registrar.

JAN 6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1934 to Jan 3rd, 1935

I last saw h... alive on Jan 3rd, 1935 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 1 day
Myocarditis
Arteriosclerosis

Other contributory causes of importance:
Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D. Byerly, M. D.

(Address) 3615 W. North Ave.

M. D. B 1268-9

F 08138

08138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St. 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Fitzpatrick

(a) Residence: No. 1200 Valley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine McManus

7. DATE OF BIRTH (month, day, year) 8 December 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Fitzpatrick

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor - 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 5" 1935

19. UNDERTAKER Geo. W. Friedman & Son
(Address) 501 N. Carey St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 January 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to Jan 4 1935.
I last saw him alive on Jan 4 1935. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Insufficiency	

Other contributory causes of importance:

Chr Myocarditis
Cerebral Sclerosis

Name of operation Autopsy Date of 1/5

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. C. Barker, M. D.

(Address) 111 E. Monument

M. D. B. 1268-9

F 08139

HEALTH DEPARTMENT—CITY OF BALTIMORE

08139

93-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4616 Mainsfield Avenue St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Schmidt

(a) Residence: No. 4616 Mainsfield Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Landau Schmidt

7. DATE OF BIRTH (month, day, year) Sept. 16, 1856.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME (Unknown) Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Adele Abels (Daughter)
(Address) 4616 Mainsfield Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthew's Cem. Date 1-7 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Obesity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) [illegible] Coroner. M. D.

(Address) [illegible]

M. D. B 1268-9

98140 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 98140

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hosp St. 18-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Harris

(a) Residence: No. 931 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
DATE OF BIRTH (month, day, year): 1888
AGE: Years 46 (47) | Months | Days | If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Va
13. NAME OF FATHER: Buck Harris
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME OF MOTHER: Maria Robinson
16. BIRTHPLACE (city or town) (State or country): Va
17. INFORMANT: Rebecca Smith
(Address) 611 N. Paca
18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date 1/3 — 35
19. UNDERTAKER: Samuel Easter
(Address) 1116 Pennsylvania

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12 — 35
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... August ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
Burn 2nd degree	
Pneumonia	

Other contributory causes of importance:

Lung Embolism	

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury Aug 22 1920
Where did injury occur? 931 W Saratoga
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury Lamp exploded Was it drown in home
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Funk Coroner M. D.
(Address) ...

M. D. B. 1268-9

F 08141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 E. 34th St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Margaret Morrison

(a) Residence: No. 607 E 34th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Asa L

7. DATE OF BIRTH (month, day, year): July 31 1886

8. AGE: Years: 48 | Months: 5 | Days: 5 3 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Castleton Miss

13. NAME: Wm Sappington Smith

14. BIRTHPLACE (city or town) (State or country): Tarpley Miss

15. MAIDEN NAME: Adeline Mrath

16. BIRTHPLACE (city or town) (State or country): Tarpley Miss

17. INFORMANT: Asa L. Morrison

(Address) 607 E 34th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Darlington Cem. Date: Jan 7 1935

19. UNDERTAKER: H. S. Bailey

(Address) Darlington Md.

20. FILED: JAN 8 1935 Hunter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.30 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so specify .....

(Signed) J. S. Bayer M. D.
Coroner

(Address) 504 E Monument

8

M. H. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08142

CERTIFICATE OF DEATH

F 08142

1248

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgl William Ruppertsberger

(a) Residence: No. 531 N. Fulton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (dead)

6. DATE OF BIRTH (month, day, and year) Sept 9, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Ruppertsberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Kuhl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 1/6/35, 19

19. UNDERTAKER John I. Emig Son Inc (Address) 2218 Greene St

20. FILED 19 Registrar.

JAN 5 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) January 2, 35

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934 to Jan 2, 35

I last saw him alive on Jan 2, 1935 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease arteriosclerotic	?
Myocardial Insufficiency	6 mo
Cirrhosis of liver due to chronic passive congestion	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I Phagell, M. D.

(Address) Balt City Hosp

H. D. B. 1268-9

F 08143

8143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 153 N. Linwood Ave. St., 6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Christian Groh

(a) Residence: No. 153 N. Linwood Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emm Schneeman Baker Groh

7. DATE OF BIRTH (month, day, year) Apr. 10, 1864

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Decorating Co

10. Date deceased last worked at this occupation (month and year) Dec. 1934

11. Total time (years) spent in this occupation 11 yr.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Christian Groh

14. BIRTHPLACE (city or town) Darmstaadt.
(State or country) Germany

15. MAIDEN NAME Mary Maeyers

16. BIRTHPLACE (city or town) Bavaria.
(State or country) Germany

17. INFORMANT Mrs. Emma L. Groh
(Address) 153 N. Linwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Jan. 5. 35

19. UNDERTAKER HENRY SANDER & SON, INC.
(Address) Baltimore & Broadway

20. FILED JAN 5 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1934 to Jan. 2, 1935.

I last saw h[illegible] alive on " 2, 1935. Death is said to have occurred on the date stated above, at 7.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk.
Other contributory causes of importance:	
Cardio-Renal Disease	1 yr.

Name of operation None Date of —

What test confirmed diagnosis Physical signs Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Chas. D. Reis, M. D.

(Address) 408 Park Ave.

M. D. B. 1268-9

F 08144

08144 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 4159

Registered No.

1. PLACE OF DEATH.

CITY OF BALTIMORE: (No. Mercy Hospital (St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Mary Rose, "B"

(a) Residence: No. North Point Road Edgewood, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edgewood Md

13. NAME Rose Mary

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph Rose

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date Jan 5, 1935

19. UNDERTAKER

(Address)

20. Filed 1935 Registrar. 1681

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935, to , 19

I last saw h alive on Jan 2, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematur Birth,	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward R. Pyburn M. D.

(Address) Mercy Hospital

M. D. D. 1208-9

F 08145

08145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V+159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Bowers - "A"

(a) Residence: No. 7 South Point Road St. Sparrows Point Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, ~~Married, Widowed, or Divorced (write the word)~~:

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Jan 2 1935

8. AGE: Years | Months | Days | If LESS than 1 day, 6 hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: X

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sparrows Point Md

13. NAME: Warner Bowers

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Edith ?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Jan 5 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

1000

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 2. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935 to 19

I last saw h alive on Jan 2 1935 Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity Birth — Date of onset

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward R. Brooks M. D.

(Address) Mercy Hospital

H. D. B. 1268-B

F 08146

HEALTH DEPARTMENT—CITY OF BALTIMORE

08146

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2509 St. Paul St. St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Neary

(a) Residence: No. 2509 St. Paul St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/10/88

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1894

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Michael E. Neary

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah E. Kane

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Thomas Neary

(Address) 2509 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date 1/6 1935

19. UNDERTAKER J. J. Feeley Home

(Address) 1318 Eutaw St

20. FILED 1935 Registrar

C. 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/1/35 . 19 . to 1/4/35 . 19

I last saw h(im) alive on 1/3/35 . 19 . Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/35
Following Cold	12/35

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. W. Gundrum . M. D.

(Address) 321 E 25

D. B 1268-9

F 08147

HEALTH DEPARTMENT—CITY OF BALTIMORE

08147

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 146 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kunder

(a) Residence: No. 2120 Fleet St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Kunder

DATE OF BIRTH (month, day, year) March 17 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1894

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kalto Md

13. NAME Martin Kunder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Martin Wynkoop

(Address) 9 N Port St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 7 1935

UNDERTAKER Lilly & Zeigler Inc

(Address) 403 N Wolfe St.

FILED Jan 7 1935 Hinds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 11.35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S K Herzog M.D. M. D.

Coroner

(Address) 1305 N Patterson Park Ave

F 08148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08148

CERTIFICATE OF DEATH

Registered No. 67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Watkins

(a) Residence: No. Lutherville Md St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 3, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Memorial Hosp.

13. NAME Luther Watkins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Dora Allen

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Luther Watkins (father)

(Address) Lutherville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Ewells Chapel Date Jan 6 1935

19. UNDERTAKER J. E. Elmer & Son

(Address) Ruxton Md

20. FILED Jan 10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1935, to Jan 5, 1935.

I last saw him alive on Jan 5, 1935. Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	1/5/35
Other contributory causes of importance:	
Native Pneumonia - Asymptomatic	1/2/35

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Merrill I. Stark, M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

F 08149

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08149

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Colley Hospital St. 21 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Broom

(a) Residence: No. 1139 Denver St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Broom

DATE OF BIRTH (month, day, year) 2/

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	47			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 18

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S Carolina

13. NAME Jack Broom

14. BIRTHPLACE (city or town) (State or country) S Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Henrietta Broom

(Address) 1139 Denver St

BURIAL, CREMATION, OR REMOVAL

Place Winnsboro S.C. Date Jan 5th, 1935

UNDERTAKER Elzey Dukes

(Address) 1000 Pennsylvania Ave

FILED ... 19... Registrar.

1935 Jan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. W. Herzog M.D. M. D.

Coroner

(Address) 1202 N Fallsway

M. D. P. 1955-9

F 08150

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08150

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kane

(a) Residence: No. 2135 Cambridge St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John (Dead)

6. DATE OF BIRTH (month, day, year) Sept 2, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4		

8. Trade, profession, or particular kind of work done, as spinner, saw yer, bookkeeper, etc. None X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Peter Kavan

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 1/7 1935

19. UNDERTAKER Wm Kirk (Address) 1217 E Fayette St

20. FILED 1/10 1935 Huntington Darcelle H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935 to Jan 7, 1935

I last saw h.. alive on Jan 7, 1935 Death is said to have occurred on the date stated above, at 12 53 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I Phagan, M. D.

(Address) Balt City Hosp

F 08151

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08151

95-3

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emory Norris

(a) Residence: No. 3413 Greenmount Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence S Norris

DATE OF BIRTH (month, day, year) Oct 8 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	26 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 9+49

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Feed & Grain Co

10. Date deceased last worked at this occupation (month and year) 1-4-35

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Norris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emily E Coggins

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Florence S Norris,
(Address) 809 Homestead St.,

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 1/7/35 19

UNDERTAKER 9pm Cook. William Cook
(Address) 1217 St Paul St.,

FILED Jan 7 1935 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Valvular Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H H Cullen, M. D.
Coroner

(Address) 508 E Monument

D. B. 1268 F 08152

F 08152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 49 S Culver St. 20 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J. Byrne

(a) Residence: No. 49 S Culver St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth M Byrne

DATE OF BIRTH (month, day, year) Jan 22 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7+99

10. Date deceased last worked at this occupation (month and year) 12-9

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Kenney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Julia L Kincaid

(Address) 49 S Culver St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 1-7 1935

19. UNDERTAKER Wm Cook

(Address) 1219 E Fayette St

20. FILED Jan 8 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 3 1935

I last saw him alive on Jan 3 1935 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Other contributory causes of importance:	
cardiac decompensation	8 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ee Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) F. T. Kyper M. D.

(Address) 3321 Fourth ave

D. B. 12-40 F 08153 F 08153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5320 Catalpha St. 22nd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorathea M Hodges

(a) Residence: No. 5320 Catalpha Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mahan M Hodges

DATE OF BIRTH (month, day, year) March 21 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	9	8 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Sarah Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary E Watts

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Mundy

(Address) 1221 N Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/7 19 35

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED ... Registrar.

NO - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1934 to 1/4/1935 19...

I last saw h... alive on 1/4/1935 19... Death is said to have occurred on the date stated above, at 12 10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/28/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wyle W. Colley M. D.

(Address) 5103 Harford Rd

D. B. 1268-9 F 08154 F 08154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 E. North Ave 9-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Lottherer

(a) Residence: No. 1201 E. North Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Christian G. Lottherer

7. DATE OF BIRTH (month, day, year) Sept 5th 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Adam Franz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Owens

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Miss Nancy E. Lottherer

(Address) 1201 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 7th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED Jan 8 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1934 to Jan 5th 1935

I last saw h.er alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) "La Grippe"	Dec 31 1934
Other contributory causes of importance:	
Broncho-Pneumonia	Jan 3 1935

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Edwards M. D.

(Address) 2746 Alameda

F 08155 F 08155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Eutaw Place St., 14 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Melvin Kennedy

(a) Residence: No. 1829 Eutaw Place St., Ward. Bath. Md.
(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Blanche M Kennedy

DATE OF BIRTH (month, day, year) Dec 6, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post Office

10. Date deceased last worked at this occupation (month and year) Oct 1935

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

13. NAME OF FATHER John Kennedy

14. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

15. MAIDEN NAME OF MOTHER Abbe

16. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

17. INFORMANT Blanche M Kennedy

(Address) Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL Silver Spring County Date 1/6 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED Jan 6 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Jan 5, 1935

I last saw h~~er~~ alive on Jan 5, 1935 Death is said to have occurred on the date stated above, at 1015 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung - Left	July 1934
Secondary Anemia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert Kennedy M. D.

(Address) 1934 Wilkens Av

F 08156

F 08156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 201 Franklintown Rd St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Smith

(a) Residence: No. 201 Franklintown Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 19-1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Edward Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sadie Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Sadie E. Smith
(Address) 201 Franklintown Rd

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/6 1935

UNDERTAKER Sam'l R. Posey & Son
(Address) 608 N. Fulton Ave.

FILED ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	5 Days

Other contributory causes of importance: Whooping Cough 1 month

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Polk Coroner, M. D.
(Address)

F 08157

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08157

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 N. Nauth ave Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Fannie Mintzer

(a) Residence: No. 1729 N. Nauth ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sadie Hat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Ferdinand

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Sarah Jacobson

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Walter Goldstein

(Address) 1804 Linton ave

BURIAL, CREMATION OR REMOVAL

Place Hebrew Friendship Date 1-6-35, 19

UNDERTAKER Jacob Levin Son

(Address) 1439 E. Baltimore St

FILED Martin F. Lynch M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2d, 1935 to Jan 5th, 1935

I last saw her alive on Jan 5th, 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	
Other contributory causes of importance: Pulmonary Edema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. Chesleer, M. D.

(Address) 2226 Linden

D. P. 12[illegible]

F 08158

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08158

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel ~~Podolsoff~~ Pollikoff

(a) Residence: No. 1527 N Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 4 1918

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. +

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Samuel Pollikoff

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Pearl Weinstein

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT (Address) Hospital Records

BURIAL, CREMATION, OR REMOVAL Levi Washington Rd Date 1/6/35 19

UNDERTAKER (Address) Jack Levin Inc 721 E Baltimore St

FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934 to Jan 5 1935.

I last saw h[illegible] alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 12' 55 Am.

The principal cause of death and related causes of importance were as follows:

1) Lobar pneumonia Type undet

Date of onset

Other contributory causes of importance:

Septicemia - Hemolytic Staph Aureus

Spontaneous pneumothorax

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur C. Kalisch M. D.

(Address) Sinai Hosp

M. D. B. 1209 F 08159 F 08159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Ruxton Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth 23 yrs. mos. ds.

2. FULL NAME Jennie Benesh

(a) Residence: No. 1732 Ruxton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Israel

7. DATE OF BIRTH (month, day, year): 1865

8. AGE: Years: 70; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME OF FATHER: Louis

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME OF MOTHER: Rose

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs. Belapine (Address) 1732 Ruxton Ave

18. BURIAL, CREMATION, OR REMOVAL: Reisterstown Rd Date 1/6/35

19. UNDERTAKER: Jack Levin Sons (Address) 1434 E. Baltimore St.

20. FILED: Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/4/35

I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to Jan 4 1935

I last saw h[illegible] alive on Jan 4 1935 Death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	
Other contributory causes of importance: Carcinoma Breast	

Name of operation: Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Bornstein M. D.

(Address) 733 Hopkins Pl

F 08160

F 08160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 1.07-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 4 Ward)

Length of residence in city or town where death occurred (25) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Dent

(a) Residence: No. 38 Frederick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	unknown

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75(?)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?) 1799

10. Date deceased last worked at this occupation (month and year) (?)

11. Total time (years) spent in this occupation (?)

12. BIRTHPLACE (city or town) (State or country) (?)

13. NAME (?)

14. BIRTHPLACE (city or town) (State or country) (?)

15. MAIDEN NAME (?)

16. BIRTHPLACE (city or town) (State or country) (?)

17. INFORMANT B.C.H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Loy Cem Date 1/6 '35

19. UNDERTAKER Wm Cook

(Address) 1217 E Lond St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-31 1934 to 1-2 1935

I last saw him alive on 1-2 1935 Death is said to have occurred on the date stated above, at 4:10 PM

The principal cause of death and related causes of importance were as follows:

Date of onset

Cellulitis, left arm 1wk

Other contributory causes of importance:

Bilateral Bronchopneumonia 2days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, explain

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 08161

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08161

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4119 Westview Rd St., Northwood (Ward)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 28 dys. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Louis K. Helwig

(a) Residence: No. 4119 Westview Rd St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Kate E. Holmes Helwig

7. DATE OF BIRTH (month, day, year): March 7 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocers Threaders

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Proprietor

10. Date deceased last worked at this occupation (month and year): 9+41

11. Total time (years) spent in this occupation: 9+

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Godfried Helwig

14. BIRTHPLACE (city or town) (State or country): Saxony Germany

15. MAIDEN NAME: Theresa Siemon

16. BIRTHPLACE (city or town) (State or country): Saxony Germany

17. INFORMANT: Kate E. Helwig

(Address) 4119 Westview Road

18. BURIAL, CREMATION, OR REMOVAL: Leakin Park Cemetery Date Jan 7 . 1935

19. UNDERTAKER: Chas. L. Blanke

(Address) 742 N. Fulton Ave

20. FILED Jan 7 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 . 1934 to Jan 4 . 1935

I last saw him alive on Jan 4 . 1935 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

La Grippe — Date of onset: Dec 24 1934

Other contributory causes of importance:

Broncho-Pneumonia — Dec 27 1934

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. W. Edwards M. D.

(Address) 2746 Alameda Blvd.

M. D. B. 1268-

F 08162

F 08162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Cathedral St., 11 Ward)

Length of residence in city or town where death occurred 81 yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME S. Bevan Miller

(a) Residence: No. 701 Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida M. Miller

DATE OF BIRTH (month, day, year) Nov. 26, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edgar G. Miller

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

15. MAIDEN NAME Eliza J. Bevan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT F. Morris Miller

(Address) 35 Carolin Road, New Jersey

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery 1/7 1935

19. UNDERTAKER Henry H. Meyer's Son

(Address) 908 N. Eutaw St.

20. FILED 1/7 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1934, to 1-7, 1935

I last saw him alive on 1-4, 1935 Death is said to have occurred on the date stated above, at 7.00 P.m.

The principal cause of death and related causes of importance were as follows:

BRONCHO PNEUMONIA — Date of onset 12-27-34

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Toomey, M. D.

(Address) 1129 St Paul St

D. B. 1268-9 **F 08163** **F 08163**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Bond St., 8 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Margaret Middendorf

(a) Residence: No. 1523 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

6. If married, widowed, or divorced (or) WIFE of Henry Middendorf

DATE OF BIRTH (month, day, year) 2nd

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	71	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Conrad Burkhardt

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

INFORMANT Mrs. Marguerite M. Reynolds

(Address) 1523 N. Bond St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date June 7, 1935

UNDERTAKER Henry Hoffman Sons Inc

(Address) 1911 Eutaw Pl

FILED JUN 6 - 1935 Huntington Pleasants, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec-14-, 1934, to Jan 4, 1935

I last saw her alive on Jan 2, 1935. Death is said to have occurred on the date stated above, at 11:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Nov-1931
Other contributory causes of importance:	
Edema Lungs	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E Gill Hall, M. D.

(Address) 1631 E. North Av

M. D. F. 5268 F 08164 ✓ F 08164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret Kraeger

(a) Residence: No. 417 N. Exeter St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Not Kn

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72 ?				

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME M. Barbara Kraeger

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna F. Hammel

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Miss Mary E. Barbour

(Address) 713 S. Robinson St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemy Date Jan. 8 19 35

UNDERTAKER Henry Koch & Sons, Inc

(Address) 1301 E. Eager St

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-3-35 . 19 . to 1-5-35 . 19 .

I last saw h.. alive on 1-4-35 . 19 . Death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert H. Alleman, M. D.

(Address) Bon Secours Hosp.

6

M. D. B 12-34 F 08165

F 08165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Lyndhurst St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 44 yrs. 0 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jeannette Marie Steiger

(a) Residence: No. 309 Lyndhurst St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John CarrollSteiger

6. DATE OF BIRTH (month, day, year): Dec. 31, 1890

7. AGE — Years: 44 | Months: 0 | Days: 4 3 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: John Amos

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: John Carroll Steiger

(Address): 309 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Jan 7, 1935

19. UNDERTAKER: Harry M. Phelan

(Address): 104 E. Monument

FILED: Jan 7, 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to Jan 4, 1935

I last saw her alive on Jan 3, 1935. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	3 hrs.

Other contributory causes of importance:

Chronic Myocarditis & Hypertension Obesity -	2yrs. 6yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. E. Palmer M. D.

(Address) 47 Fulton Ave

H. D. B. 1268-9 F 08166

F 08166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1310 John St., 11 Ward)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 9 da. How long in U. S. If of foreign birth? 57 yrs. 3 mos. 20 da.

2. FULL NAME Mary Pegram Duffey

(a) Residence: No. 1310 John St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Augustus S. Duffey

DATE OF BIRTH (month, day, year): Sept 16-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1928

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Charlotte N. C.

13. NAME: Samuel Pegram

14. BIRTHPLACE (city or town) (State or country): Mecklenburg Co Charlotte N. C.

15. MAIDEN NAME: Elizabeth Partz

16. BIRTHPLACE (city or town) (State or country): Mecklenburg Co Charlotte N. C.

17. INFORMANT: Mrs Park P Duffey (son)

(Address): Richmond Va.

18. BURIAL, CREMATION, OR REMOVAL: Middleburg Va. Date: Jan 7 1935

19. UNDERTAKER: Stewart & Mamie Co.

(Address): 108 W Mulberry

FILED: 1-7-1935 Hunting for Williams Off.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1928 to Jan 5 1935

last saw her alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - Primary Breast Left Breast Removed
Focus in Rt Breast removed about 5 yrs. ago.

Date of onset

Other contributory causes of importance:

Myocarditis - Arteriosclerosis
Pulmonary Edema,

Name of operation: Radical Breast Date of: 1928

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W H Brody M. D.

(Address) 140 Park Ave.

F 08167

F 08167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Orleans St., 5 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sadie Reed

(a) Residence: No. 1216 Orlean St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theodore Reed

DATE OF BIRTH (month, day, year) 1909

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 496

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. C

13. NAME Cora Wilson

14. BIRTHPLACE (city or town) (State or country) S. C

15. MAIDEN NAME Mattis

16. BIRTHPLACE (city or town) (State or country) S. C

INFORMANT Theodore Reed
(Address) 1216 Orlean St

BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 1-7 19 35

UNDERTAKER Blanche Jamie Wright
(Address) 1216 Orlean St

FILED ..... Registrar.

6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934 to Jan 4, 1935

I last saw h[illegible] alive on Jan 4, 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Dec 28 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. S. Allen, M. D.

(Address) 5 D Nursery Rd

D. B. 1268 F 08168 ✓ F 08168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 752-4 N. Gay St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Reddick

(a) Residence: No. 802 Aisquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 1923

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Phila., Pa

13. NAME William H. Reddick

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Marie Suffolk

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Robert Eure

(Address) 802 Aisquith St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 1-6 19 35

UNDERTAKER Byron & Hamilton Inc

(Address) 1218 E Carry St

FILED 1-9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation & burns	Jan 3

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 3/35

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place cellar of 752-4 N. Gay St

Manner of injury Fire started by boy with heated poker thrust into celluloid buttons. (Stored)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Paulin M. D.

Coroner

(Address) 708 E Monument

H. D. F. 1268-9 F 08169

F 08169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 N. Montford Ave St. 26 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lora Summerville

(a) Residence: No. 214 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert S. Summerville

DATE OF BIRTH (month, day, year) 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Gross

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Kate Howard

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Robert S. Summerville

(Address) 214 N. Montford Ave

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 1-6 1935

UNDERTAKER Bloxom Mamie W. Wright

(Address) 127 Pine & Elderry St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Jan 2 1935

I last saw h... alive on Jan 2 1935. Death is said to have occurred on the date stated above, at 11 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Lobar Pneumonia	about 12/30/34
Other contributory causes of importance: Dyspnea	?

Name of operation None, Date of —

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.

(Signed) L N Negra L M. D.

(Address) 15 N E 3 & 5.

M. D. B. No. F 08170 ✓ F 08170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH 524 W. West St.

CITY OF BALTIMORE: (No. ..... St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy Nicholson

(a) Residence: No. 524 W West St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 16, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ✗

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rockville Md
(State or country)

13. NAME William Nicholson

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Davis

16. BIRTHPLACE (city or town) Rockville Md
(State or country)

17. INFORMANT Mrs M Nicholson

(Address) 524 W West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Cemetery Date 1/6 ..... 19 35

19. UNDERTAKER Walter B. Scriggs

(Address) 139 W. Lanvale St.

20. FILED ..... 19 ..... Registrar

1-6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 ..... 19 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 ..... 19 34 to Jan 2 ..... 19 35

I last saw h[illegible] alive on Jan 2 ..... 19 35. Death is said to have occurred on the date stated above, at 7 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Toxemia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 1268-9 F 08171

F 08171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1053 N. Milton Ave 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis C. Wenckel

(a) Residence: No. 1053 N. Milton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary P. Wenckel

7. DATE OF BIRTH (month, day, year) July 18th 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoemaker 99 yrs

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis Wenckel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva E. Cook

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George C. Wenckel

(Address) 5513 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 7th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED JAN 6 - 1935 ~~[illegible]~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1933 to Jan 5th, 1935

I last saw ~~him~~ alive on Jan 5th, 1935 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis — Date of onset June 1933

Other contributory causes of importance:

Cerebral Hemorrhage — Date June 5

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 08172

F 08172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 942-4 N. Gay St St., 10 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilmer L. Sutton

(a) Residence: No. 817 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 16/1921

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Wilmer L. Sutton

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Helen Seight

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Helen Sutton
(Address) 817 Somerset St

BURIAL, CREMATION, OR REMOVAL

Place M'd Cemetery Date 1/8/35 19

UNDERTAKER Edward Ryan
(Address) 121 Eden St

FILED 1/6-1935 Harry [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 ..... to ..... . 19 .....

I last saw h..... alive on ..... . 19 ..... Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation & burns	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 3/35 19

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place cellar of 942-4 N. Gay St

Manner of injury a boy thrust heated poker into can of celluloid buttons

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Gaver M. D.
Coroner

(Address) 845 E. Fayette

D. F. 1268-A F 08173 ✓ F 08173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida R. Gibson

(a) Residence: No. Glasgow Court St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1899

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cambridge, Md.

13. NAME Mckenzie

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Walker

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Louis F. Taylor

(Address) North Point Road

BURIAL, CREMATION, OR REMOVAL

Place North Point Cem. Date Jan. 6, 1935

UNDERTAKER P. J. Bryan

(Address) 163 E. Eager St.

FILED Jan 7, 1935 Registrar

C-1935 8 102

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 ; and that death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was autopsy made?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Colton Goran, M. D.

Coroner

(Address)

F 08174

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08174

92-a

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE (No.) 1878 McCulloh ST. (WARD) 14

2-FULL NAME Elvin Diggs

(a) RESIDENCE NO. 1878 McCulloh ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND (or) WIFE of Maggie Diggs

DATE OF BIRTH (month, day, and year) ? ? 1875

AGE: 60 | Years | Months | Days | If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waiter 6189
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Va

10 NAME OF FATHER: John Diggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Elizabeth Curtis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Maggie Diggs
(Address): 1878 McCulloh St

Filed Jan 3 1935 Huntington T. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 2 — 1935

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 — 1934 to Jan 2 — 1935
that I last saw him alive on Jan 1 — 1935
and that death occurred, on the date stated above, at 11:50 A m.

THE CAUSE OF DEATH was as follows:
Valvular heart lesion
Duration 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Rheumatism
Duration mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.
(Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn
DATE OF BURIAL: Jan 3 19

20 UNDERTAKER: Mrs. George E. Collard
ADDRESS: 163 Druid Hill Ave

Rec. 2-29-28—L. F. S.—500 Bks

F 08175

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08175

CERTIFICATE OF DEATH

11-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Bennett place 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Selena Elkins

(a) RESIDENCE NO. 917 Bennett place WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Elkins

DATE OF BIRTH (month, day, and year) Jan 11, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Alfred Cromwell

11 BIRTHPLACE OF FATHER (city or town) Dorchester Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER ~~Elizabeth Jones~~ Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country) Virginia

Informant Lillian Freeman

(Address) 917 Bennett Place

Filed 1-6-1935 Huntington Fitzhugh, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-2-35

17 I HEREBY CERTIFY, That I attended deceased from 12-21-1934 to 1-2-1935.

that I last saw her alive on Jan. 2 1935

and that death occurred, on the date stated above, at 8.25 p. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) bronchopneumonia

(duration) yrs. mos. 11 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. F. Campfield M. D.

1935 (Address) 639 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL 1/7/35

20 UNDERTAKER Geo. H. Holland

ADDRESS 1631 E. Fayette

M. D. 1200 F 08176 ✓ F 08176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34J-26

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Morris

(a) Residence: No. 346 E 23½ St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) Jan 2 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 8			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Matilda Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rhoda Bad City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place W.S. Calvary Date 1/7 1935

19. UNDERTAKER Haynes Saunders (Address) 1413 E. Preston St

20. FILED 1935 Huntington Indiana Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1934 to Jan. 2 1935

I last saw her alive on Jan 2 1935. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lumbar spine & Paraplegia	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagan M. D.

(Address) Bad City 1427

M. D. B. F. 08177 F 08177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3823 Penhurst Ave St., 15 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella G. Bodenrieder

(a) Residence: No. 3823 Penhurst Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm A Bodenrieder

7. DATE OF BIRTH (month, day, year) April 28 - 1867

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	6 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis Md
(State or country)

13. NAME Charles Lamb

14. BIRTHPLACE (city or town) Annapolis Md
(State or country)

15. MAIDEN NAME Jane Heinrich

16. BIRTHPLACE (city or town) Balto. Md
(State or country)

17. INFORMANT Mrs Lars Mostergaard

(Address) 3823 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/7/35. 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 4 1935

I last saw h[illegible] alive on Jan 4 1935 Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Colitis	1/3/35
	CNS

Other contributory causes of importance: Arteriosclerosis

	1/1/34

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

H. D. P. 1268-9

F 08178 ✓ F 08178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. ..... St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Goldstein

(a) Residence: No. Belvedere & Greenspring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Estated Rosa

DATE OF BIRTH (month, day, year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sy Lumbers

17. INFORMANT (Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Jan 6 1935

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E Balto St

20. FILED 1-6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8 1934 to 1-4 1935

I last saw him alive on 1-4 1935. Death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Coronary sclerosis	
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Levin M. D.

(Address) Levindale

D. B. 1268 F 08179 F 08179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen. St., Hospital (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ferdinand Walter East

(a) Residence: No. 2 Sudbrook Lane, Pikesville, Md Ward.)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C.

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 9+9

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Owensville, Md

13. NAME Wm East

14. BIRTHPLACE (city or town) (State or country) Balto Co., Md

15. MAIDEN NAME Teresanna Watters

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary C. East

(Address) Pikesville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 1/9 1935

19. UNDERTAKER Frank H. Newell

(Address) Pikesville, Md

20. FILED 1-6-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1935 to ..... 19.....

I last saw him alive on Jan. 6 1935 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 1/6 1935

Where did injury occur? 4900 Block Reisterstown Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury auto in which he was riding collided with another

Nature of injury Cr. riding collided with another

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pearson M. D. Coroner

(Address) 2205 E Madison St

F 08180

F 08180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Union Ave St., 13 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Fuhrman

(a) Residence: No. 1505 Union Ave St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William L. Fuhrman

6. DATE OF BIRTH (month, day, year): April 22 1844

7. AGE: Years: 90 | Months: 8 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md.

13. NAME: George Frank

14. BIRTHPLACE (City or town) (State or country): md.

15. MAIDEN NAME: Elizabeth Houck

16. BIRTHPLACE (city or town) (State or country): md.

17. INFORMANT: Effie Eden.
(Address) 1505 Union Ave

18. BURIAL, CREMATION, OR REMOVAL: Mary Lurgolin Date Jan 8, 1935

19. UNDERTAKER: C. A. Groth Sons
(Address) 1615 Eutaw Ave.

20. FILED Jan 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Jan 5 1935. I last saw her alive on Jan 5 1935. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar - Left Upper	12-30-34
	1-3-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frances M. Gillis, M. D.

(Address) 900 W. 39th St.

D. B. 1268-F 08181 F 08181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Chestnut Ave St., 13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Bowen

(a) Residence: No. 3611 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jane N. Bowen

DATE OF BIRTH (month, day, year) July 7, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1909

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1909

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md.

13. NAME William H. Bowen

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Margaret Jane

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Jane N. Bowen.

(Address) 3611 Chestnut Ave.

BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Jan 7. 1935

UNDERTAKER Thanhouser & Son

(Address) 3615-17 Chestnut Ave

FILED Jan 7 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934 to Jan 5, 1935

I last saw h~~im~~ alive on Jan 4 1935. Death is said to have occurred on the date stated above, at 1.55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 29 1934

Other contributory causes of importance: Pulmonary edema

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) W H Amtow M. D.

(Address) 3429 Chestnut Ave

H. D. P. 1263-9

08182 HEALTH DEPARTMENT—CITY OF BALTIMORE E 08182

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1228 Washington Blvd St., 21 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Avara

(a) Residence: No. 1228 Washington Blvd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 23rd 1934.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		13 14.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimd.

13. NAME Samuel Avara

14. BIRTHPLACE (city or town) (State or country) Baltimd.

15. MAIDEN NAME Helen Appel.

16. BIRTHPLACE (city or town) (State or country) Baltimd.

INFORMANT Mr. Annie Avara

(Address) 1228 Washington Blvd.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/7/35

UNDERTAKER John Keegan & Son

(Address) 600 Hollins St.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 23. 1934 to Jan 6 1935

I last saw h[illegible] alive on Jan 6 1935 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	1/3/35

Other contributory causes of importance:

Premature birth would not take Nourishment

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Luther Dean M. D.

(Address) 1227 Bond Bldg

D. B. 1268-9

08183 HEALTH DEPARTMENT—CITY OF BALTIMORE 08183

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Arcadia Ave. St. 27 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Jane Snyder

(a) Residence: No. 3700 Arcadia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John Snyder

6. DATE OF BIRTH (month, day, year) May 7th. 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berkeley County W. Va.

13. NAME Robert Gordon

14. BIRTHPLACE (city or town) (State or country) Berkeley, County W. Va.

15. MAIDEN NAME Rachel Zelb

16. BIRTHPLACE (city or town) (State or country) Berkeley County W. Va.

17. INFORMANT Rosa Snyder

(Address) 3700 Arcadia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg, W. Va. Date 1/8/35

19. UNDERTAKER Frederick A. Ode

(Address) 1200 W. Fayette St.

20. FILED 1-10-35 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 6 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 1 - 6 , 1935 to 1 - 6 , 1935

I last saw h[illegible] alive on 1 - 6 , 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-5-35
Chr. Myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. F 08184 F 08184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 952 -4 N. Gay St., 10 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ralph Hinton

(a) Residence: No. 1105 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	b	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Feb 9/1922

DATE OF BIRTH (month, day, year)

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	10	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: student

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Elizabeth City, N. C.

13. NAME: John Hinton

14. BIRTHPLACE (city or town) (State or country): N.C.

15. MAIDEN NAME: Clara Proctor

16. BIRTHPLACE (city or town) (State or country): N.C.

INFORMANT: Clara Hinton
(Address): 1105 E. Madison

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Jan 8 1935

UNDERTAKER: Robert E. Watkins
(Address): 1515 McElderry St

FILED: JAN 7 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 .... Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation & burns	Jan 3/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ..., 19 ...

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: 952-4 N Gay St-cellar of

Manner of injury: a boy mated turust heated Poker into can of celluloid buttons

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Joel Baer Coroner, M. D.

(Address) 508 E Fayette

D. B. Ecs-8 F 08185

F 08185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 6 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Smith

(a) Residence: No. 1520 Mulliken St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
23 yrs	23			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. +

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond Va
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT John Robinson

(Address) 2395 Carolina St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 7 35

19. UNDERTAKER Robert E. Pulliam

(Address) 1518 E. Eager St

FILED 1-7-1935 Dept. of Health Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. C. Norris M.D. M. D.
Coroner

(Address) 130 N Fulton Ave

D. B. 126

F 08186

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08186

CERTIFICATE OF DEATH

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 952-4 N. Gay St., 10 Ward)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Andrew Bogier

(a) Residence: No. 1231 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 2/1923

7. AGE	Years	Months	Days	If LESS than 1 day, Hrs. or min.
	11	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME OF FATHER William Bogier

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME OF MOTHER Lula White

16. BIRTHPLACE (city or town) (State or country) Cumberland Co. Va.

INFORMANT Wm. Bogier

(Address) 1231 E. Madison St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 8 1935

UNDERTAKER Prof. E. Williams

(Address) 1515 Mt Street

FILED Jan 8 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h alive on ....., 19... Death is said to have occurred on the date stated above, 10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation & burns	Jan 3/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 3/35

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place cellar of 952-4 N. Gay St

Manner of injury a boy thrust heated poker into can of celluloid buttons

Nature of injury burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H. W. Allen, M. D.

Coroner

(Address) Fuller Funeral Home

D. B 1269-9

08187 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 08187

CERTIFICATE OF DEATH

180

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 952-4 N. Gay St St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reginold Wilson

(a) Residence: No. 1409 Ashland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 13/1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Carlton Wilson

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Fannie Cole

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Carlton Wilson

(Address) 1409 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 7. 1935

19. UNDERTAKER Fuhrt & Williams

(Address) 1515 McElderry St

FILED Jan 7 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation & burns	Jan 3/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 3/35 19

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place cellar of 952-4 N. Gay St

Manner of injury a boy (male) thrust a heated poker into can of celluloid

Nature of injury burns-stored in cellar

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Coroner, M. D.

(Address)

D. B. F 08188

F 08188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 573 Baker St St. 14 Ward)

Length of residence in city or town where death occurred yrs. mos. 12 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby girl Cook

(a) Residence: No. 573 Baker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

DATE OF BIRTH (month, day, year) 1-5-35

AGE Years	Months	~~Days~~	If LESS than 1 day, hrs. or min.
—	—	—	12 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) 573 Baker St Balto. Md.

13. NAME Ernest Mason

14. BIRTHPLACE (city or town) (State or country) Portsmouth Va

15. MAIDEN NAME Evelyn Cole

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mother

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan. 7 1935

UNDERTAKER Samuel H. Gilmor & Son

(Address) 637 N. Gilmor

FILED JAN 7 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-35

22. I HEREBY CERTIFY, That I attended deceased from 1-5-35 to 1-6-35

I last saw her alive on 1-5-35 Death is said to have occurred on the date stated above, at 7 30 m.

The principal cause of death and related causes of importance were as follows:

Prematurity.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) W. Alexander Hovey M. D.

(Address) 1176 Madison Ave

D. B. 1266

F 08189

F 08189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Brooklyn 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 Annabel Ave Ward) 25

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Askew

(a) Residence: No. 427 Annabel Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 28 1934

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	4	7 8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total-time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brooklyn Balto Md

13. NAME Edwin L Askew

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Catherine L Sykes

16. BIRTHPLACE (city or town) (State or country) Balto md

INFORMANT Mr Edwin L Askew

(Address) 427 Annabel Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 6 1935

UNDERTAKER John F Denny

(Address) 715 Linden St

FILED Jan 7 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1935 to Jan 5 1935

I last saw h[illegible] alive on Jan 6 1935 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	JAN 2nd

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Lubin M. D.

(Address) 530 Patapsco Ave

D. R. 1268-9 F 08190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08190

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 3413 Ellamont Rd. St., 28 Ward)

ngth of residence in city or town where death occurred 75 yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Granger

(a) Residence: No. 3009 Wayne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H. Granger

DATE OF BIRTH (month, day, year) Apr. 13, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Emanuel Corbett

14. BIRTHPLACE (city or town) Pa.
(State or country)

15. MAIDEN NAME Esther Watchman

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Mr. J. Milton Young
(Address) 3009 Wayne Ave.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan. 8, 19 35

UNDERTAKER John F. Henry
(Address) 1115 Light St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 19 35 to Jan 6, 19 35

I last saw her alive on Jan 6, 19 35. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease (Diabetes)	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) David Fenner M. D.

(Address) Med arts Bldg.

F 08191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 N. Bond St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.):

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Rosanna Bell

(a) Residence: No. 612 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Randolph Bell

6b. DATE OF BIRTH (month, day, year): 1873

7. AGE — Years: 62 | Months: | Days: | If LESS than 1 day, ... hrs. or .... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: +

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N.C.

13. NAME of mother: Unknown

14. BIRTHPLACE (city or town) (State or country): U.S.

15. MAIDEN NAME of mother: Unknown

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Maggie Bryson
(Address) 612 N. Bond

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet Cemetery Date: Jan 7, 1935

19. UNDERTAKER: Edgar Boyer
(Address) 16 Edmondson Ave

20. FILED .... 19.... Registrar

F-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1934, to Jan 3, 1935

I last saw h.. alive on Jan 1st 1935 Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
Other contributory causes of importance: Dilatation	

Name of operation: None Date of:

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. Edward Fisher M. D.

(Address) 1612 E. Monument

D. P. 1268-9

F 08192

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08192

53-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 East 22nd St. 12 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna T. Tillman

(a) Residence: No. 311 East 22nd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, year) 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	----	-----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. +

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Nicholis Tillman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilida Stork

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mr. John Tillman
(Address) 311 East 20th St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 7, 19

UNDERTAKER Wm. M. Niedfeldt
(Address) 201 E. 22nd St.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934, to Jan 4, 1935

I last saw h alive on Jan 4, 1935. Death is said to have occurred on the date stated above, at 7.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inoperable Carcinoma Bladder with Intestinal Metastases	one year ago?
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jefferies Beach, M. D.

(Address) 5 East Lex

F 08193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18

Registered No. F 08193

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank A. Salaba

(a) Residence: No. 1307 Bethlehem Ave St, Ward. K

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - - - - - - -

DATE OF BIRTH (month, day, year) Aug, 9th/1914

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Sparrows Point, Md.

13. NAME John Salaba

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Mary Kovar

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Mrs. Mary Salaba

(Address) 1307 Bethlehem Ave

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary January 7th 1935

UNDERTAKER George A Weber

(Address) 705 S Ann street

FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan, 6th/1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Spinal Meningitis (Grave)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury In any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1305 N Patterson Park Ave

H. D. B 1268-9

F 08194

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08194

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Yonich

(a) Residence: No. 841 South Bond Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of - - - - - - - - - -
(or) WIFE of

DATE OF BIRTH (month, day, year) March 1/1915

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aliceburg, Pa.

13. NAME Michael Yonich

14. BIRTHPLACE (city or town) (State or country) Ugoslawa, Siberia.

15. MAIDEN NAME Stella Radmanowicz

16. BIRTHPLACE (city or town) (State or country) Ugoslawa, Siberia

17. INFORMANT Mrs. Stella Yonich (Mother).

(Address) 841 S. Bond Street

18. BURIAL, CREMATION, OR REMOVAL

Place Russian Ind Date Jan. 10th, 1935

19. UNDERTAKER George A. Weber

(Address) 701 S. Ann street

Filed ..... 19 ..... Registrar.

1-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6th/1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. H. Cullen, M. D.

(Address) 108 E Ironwood

F 08195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08195

112

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lula Heidner

(a) Residence: No. 828 S. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Heidner

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Stump

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph Heidner

(Address) 828 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Jan 7 1935

19. UNDERTAKER Stephen J. Fialkowski & Co

(Address) 1000 N. Kenwood Ave

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	

Other contributory causes of importance:

History of Asthma	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. K. Mason Coroner, M. D.

(Address) 108 E. Preston St

D. B. 1268-9

8196 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F08196

CERTIFICATE OF DEATH

193-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Lanyer 1 Harlan Life St., 13-K Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth; yrs. mos. ds.

2. FULL NAME Arthur H. Snyder (Arthur Hartman Snyder)

(a) Residence: No. 1703 Gwynns Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julia A. Snyder

DATE OF BIRTH (month, day, year) March 24, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	10	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Jobbing Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OH+I

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Maria Snyder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Ostrude

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Edna M. Albaugh

(Address) 4106 Groveland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Ridge Date Jan 7, 1935

19. UNDERTAKER Wm. J. Tuttle & Son

(Address) North & Pitt Sts

FILED JAN 7 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from JAN. 3, 1935, to JAN. 4, 1935.

I last saw him alive on JAN. 4, 1935 Death is said to have occurred on the date stated above, at 4 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC Myocarditis	
Obliterating End Arteritis	11/1/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Jean Cahoon, M. D.

(Address) West Baltimore Gen Hosp

D. B. No. F 08197 F 08197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4411 Garrison Blvd St., 93 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm H. Frazier

(a) Residence: No. 4411 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L.

6. DATE OF BIRTH (month, day, year) Jan 6 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Frazier

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walter M. Frazier

(Address) 4411 Garrison Blvd

18. BURIAL, CREMATION, REMOVAL

Place Loudon Park Date Jan 9 1935

19. UNDERTAKER Wm J. Tuckner & Son

(Address) 1701 W. Lenna St.

1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on Jan 7 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leith M. D.
Coroner

(Address)

Post Office

D. H. 1268-9

08198

08198 · HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 751 E. Preston St. 10-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara M Jones

(a) Residence: No. 751 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm R. Jones

DATE OF BIRTH (month, day, year) Nov. 10 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto City

12. NAME John Reynolds

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Margaret Hamilton

16. BIRTHPLACE (city or town) (State or country) N.Y. State

INFORMANT Mrs Jane Moore.

(Address) 751 E Preston

BURIAL, CREMATION, OR REMOVAL

Place Dulaney Date Jan 7, 1935

UNDERTAKER Wm J. Tuchbur Sr

(Address) 1 N. o Penna ave

FILED JAN 7 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934, to Jan 4, 1935; last saw h[illegible] alive on Jan 3rd, 1935. Death is said to have occurred on the date stated above, at 3.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
R. Lobar Pneumonia, Pleurisy & R. Hemaphlegia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify

(Signed) C. O'Connor, M. D.

(Address) 1701 N. Carolina st

F 08199

D. B. 1768-9

8199 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 53-E

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No.
(If death occurred in hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wolf Weinberg

(a) Residence: No. Irvindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca

DATE OF BIRTH (month, day, year) 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Joseph Berenstein

(Address)

BURIAL, CREMATION, OR REMOVAL Hebrew Rizdale Date 1.7.35 19

UNDERTAKER Levine & Levine

(Address) 1337 E. Baltimore St.

FILED JAN 7 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1. 1934 to Jan 6. 1935

I last saw h[illegible] alive on Jan 6 1935 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset 1-5-35
Right Hemiplegia
Hypertension
Carcinoma of abdomen?

Other contributory causes of importance:

Chr Bronchitis

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H Edmund Levin, M. D.

(Address) Irvindale

D. H. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

08200 08200

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital 3 Ward)

gth of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 31 yrs. ... mos. ... ds.

FULL NAME Henry Longo

(a) Residence: No. 647 E Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Longo

ATE OF BIRTH (month, day, year) Dec. 8th-1883

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51		27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.51 NW

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Thomas Longo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Christine

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Sarah Longo - wife

(Address) 647 E Pratt St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 1/9/35 19

UNDERTAKER Carl Laurie Inc.

(Address) 4319 E Baltimore St

FILED JAN 7 - 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5. 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur	12/31/34
Fat Embolism	1/5/35
Other contributory causes of importance:	
Automobile Accident	1/5/35

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 1/5 1935

Where did injury occur? Annapolis Rd nr Jones Station (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street Accident

Manner of injury auto he was driving

Nature of injury collided with another auto

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... Coroner M. D.

(Address) 2202 E Monument St

...—1-12-23—MAT—500 Blks.

F 08201

08201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 11-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 554 McMechen ST. (WARD) 14

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hughes

(a) RESIDENCE NO. 554 McMechen ST., ... WARD X
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced, (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clinton Hughes

DATE OF BIRTH (month, day, and year) 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) +

(c) Name of employer

BIRTHPLACE (city or town) (State or country) W. Va

10 NAME OF FATHER Charles Fuller

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va

12 MAIDEN NAME OF MOTHER Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) W. Va

Informant Clinton Hughes

(Address) 554 McMechen St

Filed JAN 7 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 — 1935

17

I HEREBY CERTIFY, That I attended deceased from Jan 2 — 1935 to Jan 4 — 1935

that I last saw h[illegible] alive on Jan 4 — 1935

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of heart — Edema of lungs

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

Jan 5, 1935 (Address) 1039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Martinsburg W. Va. — DATE OF BURIAL Jan 8 1935

20 UNDERTAKER Mrs. George H. Kolb — ADDRESS 1831 Druid Hill

M. D. P. 1588-9

08202 F 08202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 D.N. Ave St. 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Parker.

(a) Residence: No. 909 D.N. Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Ri	Widowed

6. If married, widowed, or divorced (or) WIFE of James Parker

DATE OF BIRTH (month, day, year) 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or . min.
3 47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9546

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Handy Roberson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Minnie Lewis

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Lula Brown

(Address) 909 D.N. Ave

BURIAL, CREMATION OR REMOVAL. National Mem Date 1/7/35, 19

UNDERTAKER Edmund Stewart & Son

(Address) 818 Druid Hill Ave

1-7 1935 H-6 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/3/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/30/34 to 1/4/35, 19

I last saw him alive on 1/1/35, 19 Death is said to have occurred on the date stated above, at 7:20 A.M.

The principal cause of death and related causes of importance were as follows: Chronic Myocarditis Duration 3 yrs

Other contributory causes of importance: Febrile Depression

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Roe, M. D.

(Address) 924 Mott Ave

D. B. 1268-9

F 08203

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08203

46-B

CERTIFICATE OF DEATH

Registered No. 22

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2314 SOUTH RD St. MT WASH Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELIZABETH KREILING

(a) Residence: No. 2314 SOUTH RD St., MT WASHINGTON Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	Married

If married, widowed or divorced HUSBAND of (or) WIFE of EMIL KREILING

DATE OF BIRTH (month, day, year) JULY 7 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) GERMANY

13. NAME JACOB LANG

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME ELIZABETH LANG

16. BIRTHPLACE (city or town) (State or country) GERMANY

INFORMANT EMIL KREILING
(Address) 2314 SOUTH RD. MT WASH

BURIAL, CREMATION, OR REMOVAL
Place CRUIN RIDGE Date JAN 7, 1935

UNDERTAKER Geo H. Lumbach
(Address) 5114 Eighth St

FILED JC 19 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from SEPTEMBER, 1932 to JANUARY 4, 1935

I last saw her alive on DECEMBER 31, 1934. Death is said to have occurred on the date stated above, at 8.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF STOMACH	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X RAY Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) , M. D.

(Address) 8 East Read St.

F 08204

F 08204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510-14 Gilmor St., 21 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Hutchens

(a) Residence: No. 739 Eisler St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A.A.	Widow

6. If married, widowed, or divorced (HUSBAND of) (or) WIFE of George Hutchens

DATE OF BIRTH (month, day, year) 1866

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
68 67	68	?	?	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 9596

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) West River Maryland

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Maggie Johnson

(Address) 732 Eilon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Jan 7 1935

19. UNDERTAKER Joseph A Finlay

(Address) 407 N. Mount St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/26 1934 to 1/2 1935

I last saw her alive on 1/2 1935 Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12/31/34

Other contributory causes of importance:

Chr. nephritis
Arteriosclerosis
Senility

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker St

F 08205

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08205

93-C

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2144 S Hollins ST. 70 WARD)

2-FULL NAME Charlotte Elizabeth Gillis

(a) RESIDENCE NO. 2114 S Hollins ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Gillis

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
About	80	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work /

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer House-wife

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Robert McLoughlin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant (Address) Miss Margaret Gillis 2114 S Ballard St.

15 Filed 1-7 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7th 1935

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 1933 to Jan 7 1935

that I last saw her alive on Jan 6th 1935

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis Hypertension

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Hydrocardiac

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas A Culin M. D.

1/7 1935 (Address) 2145 N Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Jan. 9-1935.

20 UNDERTAKER J. William Offutt

ADDRESS 1698 E. Monument St.

D. B. 1268-9

F 08206

HEALTH DEPARTMENT—CITY OF BALTIMORE

08206

CERTIFICATE OF DEATH

1, 186 a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Union Memorial Hospital Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Miss Emma M. Penman

(a) Residence: No. Presbyterian Home St., Ward. Towson Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) March 27, 1850

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ..... min.
	84	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Scotland

13. NAME James D. Penman

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Janet Cowieson

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT records Presbyterian Home
(Address) Towson Md

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Jany 7, 1935

UNDERTAKER Chas. L. Mitchell & Son
(Address) 1900 Eutaw Place

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Jan 5 1935

I last saw him alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Jan 4
Other contributory causes of importance:	
Fracture right femur	Jan 1

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury Jan 1 1935

Where did injury occur? Presbyterian Home Towson Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Presbyterian Home

Manner of injury Patient fell

Nature of injury Fracture right femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

D. B. 1268-9

✓ F 08207

08207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elizabeth Unger

(a) Residence: No. 2552 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Unger

DATE OF BIRTH (month, day, year) December 1, 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Henry Philipsi

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT John Unger

(Address) 2552 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Jan. 9 1935

19. UNDERTAKER Harry N. Nuttle

(Address) 410 [illegible]

[illegible]

20. FILED ... 19... Registrar.

7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1934 to Jan. 6 1935

I last saw her alive on Jan. 6 1935 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Broncho-pneumonia	

Other contributory causes of importance:

Chole cystectomy

Name of operation Cholecystectomy Date of 12-21-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. B. Gaskel M. D.

(Address) South Baltimore Gen

Spec. 8-16-29—L. F. S.—100 Blks.

F 08208

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08208

CERTIFICATE OF DEATH

REGISTERED NO. ×97

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Hawthorne Rd. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Dallas Craig

(a) RESIDENCE NO. 205 Hawthorne Road ST., WARD Easton Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Feb. 24 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	10	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Talbot Co. Md

10 NAME OF FATHER Charles Page Craig

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Louisa Emily H. Bowie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant James A Dennis

(Address) 205 Hawthorne Road

Filed Jan 15 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6 - 1935

17 I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1934, to Jan. 6, 1935, that I last saw her alive on Jan. 6, 1935 and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Coma

Pulmonary Edema

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cerebral Arterio-Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contrarted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) M. Gibson Porter, M. D.

1/7, 1935 (Address) 4822 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md DATE OF BURIAL Jan. 8 1935

20 UNDERTAKER Chas. E. Franck ADDRESS 802 Madison Ave

B. B. 1268-9

8209

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08209

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 38 Albemarle St., 3-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME —— Anderson

(a) Residence: No. 38 Albemarle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Jan 7 19 35

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar

1935
1002 Mobyne

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) S. Peterson M.D. M. D.

(Address) 1305 N. Patterson Park Ave

M. D. B. 1268-9

F 08210

08210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Denver St. 21 Ward)

Length of residence in city or town where death occurred 22 hours yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby boy Hunt

(a) Residence: No. 1139 Denver St. St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Newborn

7. DATE OF BIRTH (month, day, year): Jan 4, 1935

8. AGE — Years: — Months: — Days: — If LESS than 1 day 22 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore City

13. NAME: Joseph Roosevelt Hunt

14. BIRTHPLACE (city or town) (State or country): Nansemond County Virginia

15. MAIDEN NAME: Inez Williams

16. BIRTHPLACE (city or town) (State or country): Gendarsville North Carolina

17. INFORMANT: Inez Hunt

(Address): 1139 Denver St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lt. Med. Church Date: Jan 7 19 35

19. UNDERTAKER

(Address)

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3 a.m. Jan 4 1935 to 1 a.m. Jan 5 1935

I last saw him alive on 1/4 1935. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Newborn (Premature)	
Prematurity	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Savage M. D.

(Address) Union Hosp

D. F 1268-9

F 08211

211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 18 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eddie Harris

(a) Residence: No. 931 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 31-1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 9-26

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Leo Harris

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maria Robinson

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Rebecca Smith
(Address) 611 N. Paca

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/8 35
UNDERTAKER Daniel Easton
(Address) 916 Penna ave

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 35

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19 I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A 2nd degree burn	Dec 23/34
Other contributory causes of importance: Lamp Exploded	

Name of operation Date of

What test confirmed diagnosis Required an autopsy? No

23. If death was due to external causes (violence) state in addition the following:
Accident, suicide, or homicide Date of injury Dec 23/34
Where did injury occur? 931 W Lanvale St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Lamp Exploded
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coronar
(Address) [illegible]

D. B. 1268-9

F 08212

8212 HEALTH DEPARTMENT—CITY OF BALTIMORE

122-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Gutheleit

(a) Residence: No. 1214 - South Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced — HUSBAND of (or) WIFE of Peter Gutheleit.

6. DATE OF BIRTH (month, day, year) Oct. 1, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME August Loeffler

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Caroline Zeigler

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Carrie Gutheleit

(Address) 1214 S. Broadway.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 9th 1935

19. UNDERTAKER Frank A. Fink

(Address) 915 E. Fayette

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1934 to January 6 1935

I last saw h[illegible] alive on 1/2/35 1935 Death is said to have occurred on the date stated above, at 10:30 am

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction. — Date of onset

Other contributory causes of importance:

Chronic Nephritis Valvular heart disease arteriosclerosis

Name of operation Laparotomy - enterostomy Date of 1/3/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Waesmueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

pec.—9-30—A. & Co.—250 Bks

08213 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08213

161-D

CERTIFICATE OF DEATH.

REGISTERED NO
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3314 Old Frederick Rd ST 20 WARD)

2 FULL NAME Baby Warfield

(a) RESIDENCE NO 3399 Old Frederick Rd ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word)

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 6th 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 5 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER George Warfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Co. Md.

12 MAIDEN NAME OF MOTHER Floence Yingling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md

Informant George Warfield
(Address) 3399 Old Frederick Rd.

Filed , 19 Registrar

1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6-35

17

I HEREBY CERTIFY, That I attended deceased from Jan 6, 1935, to Jan 6, 1935

that I last saw her alive on Jan 6, 1935

and that death occurred, on the date stated above, at 2 40 P. M.

The CAUSE OF DEATH* was as follows:

Asphyxia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) ...unknown (full term)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Fred T. Lyppe M. D.

, 19 (Address) 3321 French Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem. DATE OF BURIAL: Jan. 8th 1935

20 UNDERTAKER: Charles W. Dill. ADDRESS 3109 Fredk Ave.

H. D. B 1268-9

8214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08214

CERTIFICATE OF DEATH

83

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 20-6 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick E. Bell.

(a) Residence: No. 3154 Wilkens Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Violet M. Bell.

DATE OF BIRTH (month, day, year) Sept 29. 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35.	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper ~~Laborer~~.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Tube

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 yrs

BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME James Bell.

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Mary?

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT Wife

(Address) above.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 8 . 1935

UNDERTAKER Mc-Mus. John W. Cunliffe & Son

(Address) 501 W. Fayette St

FILED JAN 7 - 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/30 . 1934 to 1/5 . 1935

I last saw h~~im~~ alive on 1/5 . 1935 Death is said to have occurred on the date stated above, at 6 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Paralysis	2 mo.
Malaria Inoculate	3 wks
Nephritis (toxic)	1 wk.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A. Reitz . M. D.

(Address) Balto. City Hosp.

D. B. 1268-9

08215 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08215

CERTIFICATE OF DEATH

82-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1718 Monroe St. 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 68 yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Goldberg

(a) Residence: No. 1718 Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bennie Goldberg

6. DATE OF BIRTH (month, day, year): 1866

7. AGE: Years 68 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Dennie Sarakes

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Bessie Dunn

(Address): 1718 Monroe

18. BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Date: 1/9/35

19. UNDERTAKER: Jack Lewis Joe

(Address): 4432 E

JAN 7 - 1935

19. Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

20. Jan 5 1935

21. DATE OF DEATH (month, day, year): Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Senility	

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

D. P. 1:65-9

F 08216

8216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dinak

(a) Residence: No. 813 S Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (dead)

DATE OF BIRTH (month, day, year) Feb 17, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 669

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Friends (Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL Place J. H. Med School Date Jan 7 1935

UNDERTAKER (Address)

FILED 1935 1006

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1934 to Jan 7 1935

I last saw him alive on Jan 4 1935. Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy & effusion	?
sepsis	?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt City Hosp

D. F. 1268-9

8217

F 08217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in (city or town where death occurred) 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanny Watts

(a) Residence: No. 938 W Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) Oct. 11, 1848

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME Fannie

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

15. MAIDEN NAME Alcinda Reeds

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

INFORMANT Reeds

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med School Date Jan 7th 1935

UNDERTAKER

(Address)

[illegible] Registrar.

1935

1007

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1934 to Jan 2, 1935.

I last saw h[illegible] alive on Jan 2, 1935 Death is said to have occurred on the date stated above, at 1855 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	7 days
Arteriosclerosis	?

Other contributory causes of importance:

Senility

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I P Frazier, M. D.

(Address) Balt. City Hosp.

D. P. 1268-9

✓ F 08218

08218

HEALTH DEPARTMENT—CITY OF BALTIMORE

348-108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Fitzgerald.

(a) Residence: No. 112. Market Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date Jan 7 1935

UNDERTAKER
(Address)

FILED Jan 7 1935 Hamilton Tarr Harris, Registrar.

1003

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/35. 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/27. 1934 to 1/5. 1935

I last saw h. alive on 1/5. 1935 Death is said to have occurred on the date stated above, at 11 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	More than 8 days.
Uremia & arteriolo. - nephrosclerosis	

Other contributory causes of importance:

Cerebral hemorrhage, right.	?

Name of operation ... Date of ... No

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert A. Beyte M. D.

(Address) Balto. City Hosp.

D. P. 1268-9

F 08219

8219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 75-b Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Schaeffer.

(a) Residence: No. 3326 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Flora.

DATE OF BIRTH (month, day, year) 12/23/66.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68.		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. +

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carroll Co, Md.

13. NAME Elias Schaeffer.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

15. MAIDEN NAME Ellen Schultz.

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Venita Teal (daughter)
(Address) Above.

BURIAL, CREMATION, OR REMOVAL
Place U. of Md. School Date Jan 7, 1935

UNDERTAKER
(Address)

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5, 1935.

22. I HEREBY CERTIFY, That I attended deceased from 9/8, 1933 to 1/5, 1935

I last saw him alive on 1/5, 1935 Death is said to have occurred on the date stated above, at 9:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right.	18 mo. before Adm.
c Left hemiplegia.	?
Arteriosclerosis	?
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt A. Reiter, M. D.

(Address) Balto City Hosp.

. B 1268-6

220 . HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08220

82-a

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. City Hospitals St., 5 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Charles Hill

(a) Residence: No. 738 Calvin St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col.	Widower

f married, widowed, or divorced
HUSBAND of Irene Hill
(or) WIFE of

ATE OF BIRTH (month, day, year) Unknown

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
45			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1899
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Harford Co
(State or country) Md

10. NAME William H Hill

11. BIRTHPLACE (city or town) Va
(State or country)

12. MAIDEN NAME Allen

13. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT William H. Hill Jr.
(Address) 2815 Remington Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Nat'l Date 1/8 1935

UNDERTAKER Joseph L. Locke Jr.
(Address) 1362 Jefferson St

FILED ....., 19.....

JAN 7 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Stevenson Smith M. D. Coroner

(Address) 1206 N. Calvert St.

D. B. 1268-9

E 08221

08221 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S bentalou 3 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Courtney

(a) Residence: No. 315 S bentalou ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Courtney

6. DATE OF BIRTH (month, day, year): Dec 31 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ret. +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

13. NAME OF FATHER: George Courtney

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME OF MOTHER: Frances Martin

16. BIRTHPLACE (city or town) (State or country): Balto

INFORMANT: Mary Courtney
(Address) 315 S bentalou

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 8 1935

UNDERTAKER: Martin W. Dippel
(Address) 37 S Carey St

FILED: JAN - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from December 26 1934 to January 5 1935

I last saw him alive on January 5 1935. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pulmonary Oedema	Dec. 31 1934.
Other contributory causes of importance: Cardiac Asthma	about 1 yr.

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Vahlsing M. D.

(Address) 16 South Broadway

. D. B. 1268-9

F 08222

222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie L Harlow

(a) Residence: No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 9 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME French B Harlow

14. BIRTHPLACE (city or town) (State or country) Massachusetts

15. MAIDEN NAME Susan Haberstt

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Records of Aged Home
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Jan 8 1935

UNDERTAKER Thomas Kershaw
(Address)

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from March 05 1931 to Jan. 6, 1935

I last saw h alive on Jan. 5 1935. Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	
Myocarditis Chronic Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B Jones M.D.

(Address) 1145 St. Paul St. City

F 08223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Parkwood Ave. 12 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William B Hargrove

(a) Residence: No. 2702 Parkwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Male | Color or Race: Wht | 3. Single, Married, Widowed, or Divorced (write the word): Marr'd

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Dec 16 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	20	

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Builder

5. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contr

6. Date deceased last worked at this occupation (month and year): Dec 1934 | 7. Total time (years) spent in this occupation: 35

BIRTHPLACE (city or town) (State or country): Petersburg Va

13. NAME OF FATHER: Epps Hargrove

14. BIRTHPLACE (city or town) (State or country): Petersburg Va

15. MAIDEN NAME OF MOTHER: Louise L Hobbs

16. BIRTHPLACE (city or town) (State or country): Petersburg Va

INFORMANT: Louise L Hobbs

(Address): 2702 Parkwood Ave.

BURIAL, CREMATION, OR REMOVAL: Woodland Cem. Petersburg Va 1/4 35

UNDERTAKER: J M Ford & Son

(Address): 1219 E Cary St

FILED: 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6 35

22. I HEREBY CERTIFY, That I attended deceased from January 4 1935 to Jan 6 1935

I last saw him alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 5:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/3/35
Other contributory causes of importance: Arteriosclerosis C-V-R dis	

Name of operation ... Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Theodore E. Stacy M. D.

(Address) 4017 Edmondson Ave

F 08224

224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 26 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Kelly

(a) Residence: No. 6529 St Helena Ave (Usual place of abode) Within city limits Ward. Dundalk, Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Kelly

DATE OF BIRTH (month, day, year) Aug 28, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Walter Fitzmaurice

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Morgan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT William M Kelly

(Address) 6529 St Helena Ave

BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Jan 9th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Jan 10 1935 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1935 to Jan 6th 1935

I last saw her alive on Jan 6th 1935 Death is said to have occurred on the date stated above, at 1:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-3-35
Other contributory causes of importance: Bronchitis	12-30-34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lauriston S. Knowles M.D. M. D.

(Address) University Hospital

D. P. 1268-9

F 08225

08225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Gephart

(a) Residence: No. 3438 Frederick ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~WIFE of~~ Botha Gephart

6. DATE OF BIRTH (month, day, year) Sept 5th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1894

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pittsburg Plate Glass Co

10. Date deceased last worked at this occupation (month, day, year) Dec 1934

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER George Gephart

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

15. MAIDEN NAME OF MOTHER Elizabeth Dowling

16. BIRTHPLACE (city or town) (State or country) Cumberland Md

17. INFORMANT Mrs C. Gephart

(Address) 3438 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 9th 1935

19. UNDERTAKER Wm Cook

(Address) 1219 E. Fayette St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7-35 19

22. I HEREBY CERTIFY, That I attended deceased from January 5 1935 to January 7 1935

I last saw him alive on January 7. 1935 Death is said to have occurred on the date stated above, at 9 10/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension (Malignant)	?
Esophageal Varices	(?)
Gastrorrhagia	Jan 5-1935

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St. Agnes Hospital

D. B. 1268-9

3226 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 08226

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward 13)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lear Wilson

(a) Residence: No. 609 Lemmon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hanna T. Wilson

DATE OF BIRTH (month, day, and year) October 20, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year) Jan. 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jesse Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Palmatary

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Virginia Swan
(Address) 609 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1/8/35

19. UNDERTAKER J. M. Cook & Co.
(Address) 1217 W. Baltimore St.

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1935 to Jan. 6, 1935

I last saw him alive on Jan. 6, 1935. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis primary	Jan 3
Generalized Arteriosclerosis "	" "
Cardiac decompensation	Jan 1935

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Claude C. Elliott Bascom M. D.

(Address) Md. General Hosp.

D. B. 1268-9

8227

F 08227

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 4009 Ridgecroft Rd. ..... Ward)

gth of residence in city or town where death occurred 66 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jane L Clark

(a) Residence: No. 4009 Ridgecroft Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Nov 10 1861

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Gds Business

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret 1991

8. Date deceased last worked at this occupation (month and year) 1918 | 11. Total time (years) spent in this occupation 23

9. BIRTHPLACE (city or town) (State or country) Ireland

10. NAME Matthias Clark

11. BIRTHPLACE (city or town) (State or country) Ireland

12. MAIDEN NAME Mary E Patton

13. BIRTHPLACE (city or town) (State or country) Ireland

14. INFORMANT Margaret L Clark

(Address) 4009 Ridgecroft Rd

15. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 1 8 1935

16. UNDERTAKER J Mack Pollitt

(Address) 1211 E Fayette St

17. FILED 1935 Health Department

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to Jan 6 1935

I last saw her alive on Jan 2 1935. Death is said to have occurred on the date stated above, at 1:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	March 1932.

Other contributory causes of importance:

over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) JS Harding M. D.

(Address) 4810 Belair Rd

H. D. B. 1268-9

F 08228

HEALTH DEPARTMENT—CITY OF BALTIMORE

08228

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Chelsea Terrace St. 5 Ward)

Length of residence in city or town where death occurred 86 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Genevieve Watts

(a) Residence: No. 2215 Chelsea Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George O. Watts

7. DATE OF BIRTH (month, day, year) July 9-1848.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs H. Burton Bye

(Address) 2215 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1/8 1935

19. UNDERTAKER Martin Fahy & Son

(Address) 1827 N. Monroe ave

1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1934 to January 6 1935

I last saw her alive on January 5 1935 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	1925
Chronic Interstitial Nephritis	1928
Chronic Myocarditis	1933
Other contributory causes of importance:	
Pneumonia	2 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Samuel T. Kellerman M. D.

(Address) 6 East Biddle St

D. F. 1268-9

F 08229

08229 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sinai Hospital St., 4 Ward)

gth of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph McPherson

(a) Residence No. 623 W. Lexington St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
ale	White	Married

If married, ~~widowed, or divorced~~
HUSBAND of ~~late~~ Bessie McPherson

ATE OF BIRTH (month, day, year) Nov 25th 1862

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	12 11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

8. Date deceased last worked at this occupation (month and year) Dec 35

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charlestown S.C.

13. NAME John McPherson

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Susan Callow

16. BIRTHPLACE (city or town) (State or country) Charleston S.C.

INFORMANT Bessie McPherson

(Address) 623 W. Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 8th 193

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1935 ~~Health Officer~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934 to Jan 7 - , 1935

I last saw him alive on Jan 7, 1935. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - type undetermined	
Hypertension	
Arteriosclerosis	
Cardiac insufficiency	
Other contributory causes of importance:	
Chronic myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Arthur C. Kalisch M. D.

(Address) Sinai Hosp.

P 1268-9

F 08230

230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Hester

(a) Residence: No. 518 N Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hester

TE OF BIRTH (month, day, year) Unknown

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6 46			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1894

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md

. NAME Unknown

. BIRTHPLACE (city or town) (State or country) Md

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Md

FORMANT Coroner's record

(Address)

URIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 8 1935

NDERTAKER James A Hayes

(Address) 142 N Howard St

LED 1935 Huntington, Pennsylvania Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
;	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. S. Montgomery M. D. Coroner

(Address) 1205 N Fulton Ave

8-16-29 I. F. S. 100 Blks.

F 08231

08231

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5315 Belleville ave ST., 28 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James J. Whelan

(a) RESIDENCE NO. 5315 Belleville ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

3 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: late Honora A

DATE OF BIRTH (month, day, and year): 3-19-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	18/16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Salesman 45 40

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Ireland

10 NAME OF FATHER: James J. Whelan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Catherine Doyle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: James J. Whelan Jr

(Address): 5316 Belleville Ave

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 1/5/35

17 I HEREBY CERTIFY, That I attended deceased from June, 1934, to Jan 5, 1935, that I last saw h in alive on Jan 5th, 1935 and that death occurred, on the date stated above, at 5 30 p m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 1/2 ds.

CONTRIBUTORY (Secondary) Hypertrophic arthritis deformans Sclerosis (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) J. H. Keough, M. D.

1/7, 1935 (Address) 710 Liberty Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: 1/8/1935

20 UNDERTAKER: Henry Brammer

ADDRESS 1136 Poplar Grove St

D. B 12[illegible] F 08232

HEALTH DEPARTMENT CITY OF BALTIMORE

F 08232

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. [illegible] St., 14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 7-1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 7899

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Howard Co Md

13. NAME: Wm H Randall

14. BIRTHPLACE (city or town) (State or country): Howard Co

15. MAIDEN NAME: Mary E Parker

16. BIRTHPLACE (city or town) (State or country): Howard Co Md

INFORMANT: Wm H Randall

(Address): Ellicott City Howard Co Md

BURIAL, CREMATION, OR REMOVAL

Place: Ellicott City Md Date: Jan 1935

UNDERTAKER: Frees Lake Funeral Service

(Address): Ellicott City Md

FILED: JAN 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible] to [illegible], 19

I last saw h[illegible] alive on [illegible], 19. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
2nd degree burns	

(Over)

Other contributory causes of importance: Gasoline exploded

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury: Dec 28 1934

Where did injury occur? Ellicott City Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: [illegible]

Manner of injury: Gasoline exploded

Nature of injury: 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Glick, M. D. Coroner

(Address) Coroner

D. F. 2[illegible] F 08233

F 08233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 Druid Hill Ave. Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Gault

(a) Residence: No. 1414 Druid Hill Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Gault

DATE OF BIRTH (month, day, year) — — 187[illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Charles Co. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Mrs. Rose Perry 1414 Druid Hill Ave.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/8/35 19..

UNDERTAKER (Address) [illegible]

0-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1934 to Jan 7th 1935

I last saw her alive on Jan 7th 1935. Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1929

Other contributory causes of importance:

Senility

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E. Bell M.D.

(Address) 1132 Belmont St.

F 08234

F 08234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 92-a

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ... St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Monroe

(a) Residence: No. 620 East E-St St., Ward. Brunswick

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7/20/1922

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Tammyfill Munroe

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Agnes Griffin

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Friends

(Address)

BURIAL, CREMATION, OR REMOVAL Place Brunswick Md Date Jan 8th 1935

UNDERTAKER Jos M Smith & Son

(Address) 511 E. Lanvale

FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 16 1934 to Jan 6 1935

(last saw him alive on Jan 20 1935). Death is said to have occurred on the date stated above, at 12 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	Jan 1934
Mitral insufficiency & stenosis	
Aortic insufficiency	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank D. Schwentker M. D.

(Address) Johns Hopkins Hospital

D. B. 1265-8

F 08235

F 08235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 E. Pratt St., 2 Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Baruscì

(a) Residence: No. 2910 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Baruscì

DATE OF BIRTH (month, day, year) - 1898 - Apr. 18

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Edward Baruscì

(Address) 24 S. Castle St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 8th 1935

UNDERTAKER Russell & Dubbel

(Address) 300 So Eden St.

FILED 6-8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-35 19

22. I HEREBY CERTIFY, That I attended deceased from 1-1-35 to 1-6-35

I last saw him alive on 1-1-35 and that death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-1-35
Acute Cardiac Dilatation	1-4-35

Other contributory causes of importance:

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

F 08236

D. B. [illegible] F 08236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 S. Highland Ave St., 76 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Mr. Wojciech Drepczynski.

(a) Residence: No. 1104 S. Highland Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode) Same

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of Frances Mikulski Drepczynska

6. DATE OF BIRTH (month, day, year) Aug 24 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1897

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc

9. Date deceased last worked at this occupation (month and year) Dec 26, 1934

11. Total time (years) spent in this occupation Life

10. BIRTHPLACE (city or town) (State or country) Poland

13. NAME William Drepczynski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Frances Hepner

(Address) 1104 S. Highland Ave

BURIAL, CREMATION, OR REMOVAL Date 1/9 35

Place Holy Rosary

UNDERTAKER John J. Finda

(Address) 1611 Hanover St

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1934 to Jan 6th 1935

I last saw him alive on Jan 5th 1935 Death is said to have occurred on the date stated above, at 1:50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza followed by Left Lobar Pneumonia	12/23/34 1/2/35
Other contributory causes of importance: Myocardial insufficiency Chronic Bronchitis	1/2/35

Name of operation None Date of —

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Johnson M. D.

(Address) 1123 St. Paul St. Balto.

F 08237

F 08237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2134 Brunt St., 14 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Johnson.

(a) Residence: No. 2134 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Johnson.

6. DATE OF BIRTH (month, day, year) — — 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	.	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1899

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country): md.

15. MAIDEN NAME Annie M.?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary Johnson

(Address) 2134 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date Jan 8 1935

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Presstman St

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ——— to ——— 19—

I last saw him alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 8.05 A.M.

The principal cause of death and related causes of importance were as follows:

Hypostasis

Date of onset

Other contributory causes of importance:

Name of operation — Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter Edwards M.D.

(Address) 6 E Lexington St

D. H. 1268-9

08238 HEALTH DEPARTMENT—CITY OF BALTIMORE 08238

CERTIFICATE OF DEATH V 56

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1179 W Cullen St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Mason

(a) Residence: No. 1179 W Cullen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Dec 10 - 1890

7. AGE: Years 44 Months 0 Days 17 If LESS than 1 day, hrs. or min. 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 7899

10. Date deceased last worked at this occupation (month and year): 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME OF FATHER: John H. Mason

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME OF MOTHER: Louisa Proctor

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Louisa Mason
(Address): 1179 W Cullen St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Zion Cemetery Date: Jan 1 1935

19. UNDERTAKER: Adolphus Halstead
(Address): 915-2 Druid Hill Ave.

19. DATE OF DEATH: Jan 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19
I last saw h alive on Dec 30 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	
2 Days	
Other contributory causes of importance:	
Rheumatism 6 Days	

Name of operation: Angina Date of: no
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Brunk Coroner, M. D.
(Address)

F 08239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Eastern Ave St., 1st Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Millard Pope Eberhart

(a) Residence: No. 501 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR or RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mildred Eberhart

DATE OF BIRTH (month, day, year) Aug 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Auto Supply
9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6

10. BIRTHPLACE (city or town) (State or country) Waycross Ga

12. NAME OF FATHER Joseph Eberhart

13. BIRTHPLACE (city or town) (State or country) Ga

14. MAIDEN NAME Enda Moon

15. BIRTHPLACE (city or town) (State or country) Ga

16. INFORMANT Mrs A Eberhart
(Address) 1324 Hill St Apt 2

17. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date 8 1935

18. UNDERTAKER Wm H Cook
(Address) 1202 E Fayette St

FILED 8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Acute congestion	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, where?

(Signed) T J Herson M D M. D.
Coroner

(Address) 1305 N Patterson Park Ave

F 08240

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08240

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Calloway Ave 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. L. Clark

(a) Residence: No. 3500 Calloway ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary H. Clark

DATE OF BIRTH (month, day, year) Nov 9. 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg Confectioner

9. Industry or business in which work was done, as silk mill; saw mill, bank, etc. 7213

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James G. Clark

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Annie E. Butt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary H. Clark

Address 3500 Calloway ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery Date Jan 8, 1935

19. UNDERTAKER Chas. G. Clark

(Address) 742 W. Fayette ave

FILED 8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934, to Jan 5, 1935

I last saw him alive on Jan 5, 1935 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 28
Organism Type III	

Other contributory causes of importance:

0

Name of operation Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Pearce, M. D.

(Address) 2105 Clark St

2-29-28 F. F. 08241 F 08241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 S. Norris ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Dyer

(a) RESIDENCE NO. 204 S. Norris ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank H. Dyer

6 DATE OF BIRTH (month, day, and year) March 17-1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co

10 NAME OF FATHER Jno Stroul

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Ethel Taylor

(Address) 204 S Norris st

FILED 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 7, 1935

17 I HEREBY CERTIFY, That I attended deceased from January 5, 1935, to January 7, 1935, that I last saw her alive on January 7, 1935, and that death occurred, on the date stated above, at 12 Noon.

The CAUSE OF DEATH* was as follows:

(Duration Unknown) Chronic Nephritis with Hypertension

Cerebral Hemorrhage (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Terminal Bilateral Broncho-pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nathan Racusin, M. D.

1/7, 1935 (Address) 206 S. Gilmor St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 1/9 1935

20 UNDERTAKER Robert Brooks & Son

ADDRESS Calhoun Hollins st

D. B. 126 F 08242 F 08242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 W Hill St., 9 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Hammond

(a) Residence: No. 233 W Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/13/1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME William Hammond

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Annie Muney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Hammond

(Address) 233 W Hill St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/10/35 19

UNDERTAKER Isaiah L Brown & Son

(Address) 101 W Montgomery St

FILED ... 19... Registrar.

JAN 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 . 1934 to Jan 6 . 1935.

I last saw her alive on Jan 6 . 1935. Death is said to have occurred on the date stated above, at 2½ m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Bron — Date of onset Dec 24 1934

Other contributory causes of importance:

As Thrombosis — " "

Name of operation None Date of

What test confirmed diagnosis? Chyostokes-Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. F. Flook Jr M. D.

(Address) 712 E. Preston

ACo. 5-31 250

F 08243

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08243

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 Sharp St., [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Henry

(a) Residence: No. 713 Sharp St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Herman Henry

6. DATE OF BIRTH (month, day, year) Nov 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Charles T. Soden

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Lettina VanDyke

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Baker

(Address) 713 Sharp St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/9/35

19. UNDERTAKER Isaiah C. Brown & Son

(Address) 101 W Montgomery St

20. FILED [illegible] 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/35

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1934 to 1/5/35

I last saw the alive on 1/4/35 death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1934
Other contributory causes of importance:	about
Arteriosclerosis	6 mos

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Thomas Bowley M. D.

(Address) 519 N. Campbell Ave

F 08244

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08244

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Brown

(a) Residence: No. 208 W Hamilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Austin

DATE OF BIRTH (month, day, year) Feb 11, 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9596

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Toby Cooper

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ella Jenkins

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Records

(Address) Balt City Hospitals

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/8/35 19

UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

FILED 1-8-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1934, to Jan 7, 1935.

I last saw h alive on Jan 7, 1935 Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency, Cerebral failure	16 hrs
Mitral Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I P Frazier, M. D.

(Address) Balt City Hosp

F 08245

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08245

CERTIFICATE OF DEATH

✓ 46-a

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1316 Eutaw Place ST., 11 WARD)

2—FULL NAME Mrs Cora Louise Bartlett.

(a) RESIDENCE NO. 1316 Eutaw Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ? ds. How long in U. S., if foreign birth? ~~— yrs. — mos. — ds.~~

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Calvin William Bartlett

6 DATE OF BIRTH (month, day, and year) Apr. 2, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home X

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Lockport, (State or country) New York

10 NAME OF FATHER James William Phillips

11 BIRTHPLACE OF FATHER (city or town) Lockport (State or country) New York

12 MAIDEN NAME OF MOTHER not recalled

13 BIRTHPLACE OF MOTHER (city or town) not known (State or country) except that it was in U.S.A.

Informant Mrs P. Lafayette Temple (daughter)

(Address) 1316 Eutaw Place

Filed 1-8-1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 6, 1935

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1934, to Jan 5, 1935, that I last saw her alive on January 5, 1935, and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Esophagus

(duration) — yrs. 7 mos. 14 ds.

CONTRIBUTORY (Secondary) starvation

(duration) — yrs. — mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? X-ray of Esophagus

(Signed) Mary Louise Isbell, M. D.

1-6, 1935 (Address) 18 West Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster Cem.

DATE OF BURIAL Jan 10 1935

20 UNDERTAKER J. R. Shubert & Son

ADDRESS Eutaw St.

D. B. 1268 F 08246 F 08246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip T. Lafferty

(a) Residence: No. 637 McKewin St., Ward. West Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) April 12 - 1931

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	8	24 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington D C

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Nellie T. Lafferty

(Address) 637 McKewin Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 9 1935

UNDERTAKER George L. Schmidt

(Address) 2121 Pennsylvania Ave

FILED 1-8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1935 to January 6, 1935.

I last saw him alive on January 6, 1935. Death is said to have occurred on the date stated above, at 11.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Infection left foot	1-1-35
2. Septicaemia	1-3-35

Other contributory causes of importance:

Name of operation Incising & draining Date of 1-4-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 08247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

216-M

REGISTERED NO. C

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Monroe and Eagle 2-0 ST. WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2. FULL NAME Joseph Samuel Childs

Residence in Baltimore: No. 2013 W.C Henry St. St.; yrs. Life mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Divorced

DATE OF BIRTH, October 11, 1871
(Month) (Day) (Year)

AGE, 63 yrs. 2 mos. 27 ds.

If LESS than 1 day, ...hrs. or ....min.

OCCUPATION:
(a) Trade, profession, or particular kind of work: Car Inspector
(b) General nature of industry, business, or establishment in which employed (or employer): W. M. R. R.

BIRTHPLACE, (State or Country): Balto. Md.

10-NAME OF FATHER, Joseph Samuel Childs

11-BIRTHPLACE OF FATHER (State or Country): Balto. Md

12-MAIDEN NAME OF MOTHER: Sarah Ward

13-BIRTHPLACE OF MOTHER (State or Country): Balto. Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Theresa L. Childs

(Address) 2013 W.C Henry St.

Filed ....8-1935.... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, January 7th, 1935
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Cervical Vertebrae

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Automobile Accident

(Duration) ....yrs. ....mos. ....ds.

(Signed) Joseph P. Kenny M. D.
(Coroner)

1935, (Address) 2200 E. Madison St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL: Mount Olivet Cemetery

DATE OF BURIAL, Jan. 9, 1935

20-UNDERTAKER: George L. Schwab

ADDRESS 210 Ludlow St.

A wagon collided with and ran over deceased while riding on a traffic truck in Monroe & Eagle Sts.

D. B 1268-9

08248 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 08248

CERTIFICATE OF DEATH

✓ 93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 N. Luzerne St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Lennert

(a) Residence: No. 220 N. Luzerne St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick C.

DATE OF BIRTH (month, day, year) July 10/1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	27 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Conrad Baker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Frederick C. Lennert
(Address) 220 N. Luzerne Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 2/1, 1935

UNDERTAKER John Waltin
(Address) 2350 Maryland Ave

FILED 2-8-1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 7/35 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	??

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

F 08249

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08249

CERTIFICATE OF DEATH

23

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louis Hughes

(a) Residence: No. 3522 Mt Pleasant Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Hughes

6. DATE OF BIRTH (month, day, year) Apr 8 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	27 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER James Hughes

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Margaret Minnick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Louis Hughes

(Address) 3522 Mt Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 5, 1935

19. UNDERTAKER John Ligouri

(Address) 2000 Druid Hill Ave

20. FILED Jan 5 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Peterson M.D. M. D.

Coroner

(Address) 625 N Eutaw

F 08250

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08250

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 S. Decker Ave St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

FULL NAME Anna Pukalaki

(a) Residence: No. 620 S. Decker Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 17/67

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67		18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. +

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Germany.

10. NAME Henry Pukalaki

11. BIRTHPLACE (city or town) (State or country) Germany.

12. MAIDEN NAME unknown.

13. BIRTHPLACE (city or town) (State or country) Germany.

14. INFORMANT Frances Mitchell

(Address) 620 S. Decker Ave

15. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Ch Date Jan 9- 35

16. UNDERTAKER Stephen J. Fratkowski

(Address) 1005 S. Kenwood Ave

17. FILED

5-1533

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Jan 5 1935

I last saw her alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 1015 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dil	1-1-35
Chronic Enterstial Nephritis	6 mo.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Vogel M. D.

(Address) 620 S. Ellwood Ave

Louis Vogel MD
620 S Ellwood

F 08251

F 08251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital Wilkens + Caton Ave St. 70 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Moylan

(a) Residence: No. 1138 Forrest St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Moylan

DATE OF BIRTH (month, day, year) 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Nolan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Moylan

(Address) 1138 E. Lexington St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Jan 1 1935

UNDERTAKER Mary M. Whitehead

(Address) 2121 E. Baltimore St

FILED Jan 1 1935 Henry F. Helm (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-35 19

22. I HEREBY CERTIFY, That I attended deceased from January 3 1935 to January 6 1935

I last saw her alive on January 6 1935. Death is said to have occurred on the date stated above, at 10:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approx.)
(a) Arterio-sclerosis + nephritis	
Coronary Infarction	Jan 4, 1935
	approx

Other contributory causes of importance:

Uremia	Jan 4, 1935
Cerebral Embolus	Jan 5 1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Robert F. Healy, M. D.

(Address) St. Agnes Hospital

M. D. F 08252 F 08252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Garland St. 42 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel L. Fraley

(a) Residence: No. 2623 Garland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Anna Lowy

7. DATE OF BIRTH (month, day, year) Dec. 6 1861

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Elkton Md.

13. NAME Jesse Fraley

14. BIRTHPLACE (city or town) (State or country) Elkton Md.

15. MAIDEN NAME Mary Mumbley

16. BIRTHPLACE (city or town) (State or country) Elkton, Md.

17. INFORMANT Jesse D. Fraley

(Address) 2623 Garland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan 9 1935

19. UNDERTAKER Evan W. Kramer

(Address) 421 E. Lanvale St.

20. FILED Jan 9 1935 Registrar

6-1353 $ 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1935 to January 7, 1935

I last saw him alive on January 7, 1935 Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 3 1935
Other contributory causes of importance: Nervous Breakdown	about 2 mos.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm L. Valentine, M. D.

(Address) 12 South Broadway

F 08253

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08253

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 White Ave St., 27 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME William Walter

(a) Residence: No. 3305 White Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 28/1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Helper
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME William Walter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT George Keleh
(Address) 3305 White Ave

BURIAL, CREMATION, OR REMOVAL
Place London Pk. Date 1/8 1935

UNDERTAKER Leonard J. Cuccia
(Address) 5305 Harford Rd

DATE 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... , to ... , 19...

I last saw h... alive on ... , 19... . Death is said to have occurred on the date stated above, at about 8 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myicardial Failure	
Other contributory causes of importance: Probable Lobar Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... , M. D.
Coroner

(Address) 508 Elmora

F 08254

Dr. Fairfield F 08254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 S. Broadway St., 2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Boy Knight (Third Child)

(a) Residence: No. 221 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 1 - 1935

AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John Knight

14. BIRTHPLACE (city or town) (State or country) East St. Louis Missouri

15. MAIDEN NAME Rose Petry

16. BIRTHPLACE (city or town) (State or country) East St Louis Missouri

INFORMANT Louis Ramirez

(Address) 123 Gough St

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 1/8/35 19

UNDERTAKER Lilly & Zulauf

(Address) 1113 N. Wolfe St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 7 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 1st P 1-7 1935 to 6.45 P 1-7 1935.

I last saw him alive on 1-7-35 19 . Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Q. L. Diehl M. D.

(Address) Johns Hopkins Hospital

D. B. F-9 08255 F 08255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618.S. Grundy St. 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lyston

(a) Residence: No. 618.S.Grundy St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James P Lyston

DATE OF BIRTH (month, day, year) Aug, 31, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

12. NAME John Lee

13. BIRTHPLACE (city or town) (State or country) Ireland

14. MAIDEN NAME Eliza Gibblian

15. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs John Mc Kenna (daughter)
(Address) 618.S.Grundy.St

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 11 1935

UNDERTAKER Kelly & Zeller Inc
(Address) 403 W Lexington St

FILED 1935 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1935 to Jan 7 1935

I last saw her alive on Jan 6 1935. Death is said to have occurred on the date stated above, at 12/30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Jan 7 35
chronic Myocarditis	1930 ?
Chronic Nephritis	"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19 ,

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 431 S. Patterson Park Ave

D. P. 1268-9

08256 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08256

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 Stollen Rd St., 27 Ward)

Length of residence in city or town where death occurred 62 yrs. 11 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

62-11-23

2. FULL NAME Margaret Stevenson Johnson

(a) Residence: No. 621 Stollen Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)	
Female	White	Married	

If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. Alley Johnson Sr

DATE OF BIRTH (month, day, year) Jan 15 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME of father Thos. E. Wright

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME of mother Mary Stevenson

16. BIRTHPLACE (city or town) (State or country) Belfast Ireland

17. INFORMANT Chas. Johnson Sr (husband)

(Address) 621 Stollen Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Cem. Date Jan 9 1935

19. UNDERTAKER Edward Memm Co.

(Address) 1018 Cromlau.

20. FILED Jan 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7 1935

22. I HEREBY CERTIFY, That I attended deceased from December 1 1934 to January 7 1935

I last saw her alive on January 7 1935 Death is said to have occurred on the date stated above, at 6 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia due to Nephritis.	Dec 5th 34
Bronchopneumonia	Jan 5th 35

Other contributory causes of importance:

Rheumatic Heart Disease	1900?

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. Clarkson M. D.

(Address) 6202 York Road Baltimore

D. P. 1265-9

08257

HEALTH DEPARTMENT—CITY OF BALTIMORE

08257

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 3 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Louis Dionazzo D'Orazio

(a) Residence: No. 3-2 S Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 8, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stoneman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0399

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Tony

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Angela ?

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Friends

(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Poly Rodeuer Date Jan 10, 1935

UNDERTAKER Martin H. Coffill

(Address) 32 Eden St.

FILED JAN 8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Jan 6, 1935.

I last saw h[im] alive on Jan 6, 1935. Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerosis, Myocardial Insufficiency, Cerebral failure	1 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I P Frazier, M. D.

(Address) Balt City Hosp.

F 08258

08258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 Prague Ct. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth 49 yrs. mos. ds.

2. FULL NAME Marie Plsek

(a) Residence: No. 127 Prague Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Plsek

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Frank Chrumcak

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Joseph Plsek
(Address) 127 Prague Court

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 10/35

UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

JAN 18 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 /35

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 '34 to Jan 7, '35

I last saw h alive on Jan 6, 19 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	2 yrs ago
Chronic Nephritis	
(Uremia)	
Other contributory causes of importance:	
Acute Cardiac Decompensation	1 day

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. D. Bruch M. D.

(Address) 1906 Ashland Ave

F 08259

F 08259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Curtis

(a) Residence: No. 734 N Central St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-24-34

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William Curtis

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Ida Curtis

(Address) 734 N Central ave.

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date Jan 8th, 1935

UNDERTAKER Bryant Reynolds & Wright

(Address) 1210 Druid Hill Ave

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1934 to 1-6, 1935

I last saw he alive on 1-6 1935 Death is said to have occurred on the date stated above, at 2:10 a. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Prematurity

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C Blake Compton, M. D.

(Address) Provident Hospital

D. B. 126

F 08260

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08260

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Vera St. Fairfield St. 25 Ward)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert M. Longest.

(a) Residence: No. 3204 Vera St. Fairfield St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 2, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Otis Longest.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Marietta Lambeth.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Marietta Longest. (mother)

(Address) 3204 Vera St. Fairfield.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 1/8 '35

19. UNDERTAKER J. J. Fahey & Son

(Address) 1318 Light St

19[illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency.	
Congenital.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

1/7/35 (Address) 1017 E. Charles St.

F 08261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08261

CERTIFICATE OF DEATH.

159

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1018 N. Appleton ST. 16 WARD)

2-FULL NAME Baby Young

(a) RESIDENCE. No. 1018 N. Appleton ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Fetus

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 12-31-34

AGE	Years	Months	Days	If LESS than 1 day hrs.
			few Minutes	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Jesse O. Widerman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mother Louise Young

(Address) 1019 N. Appleton St.

Filed 1-6-1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-31 1934

17 I HEREBY CERTIFY, That I attended deceased from 12-31, 34, to 12-31, 34,

that I last saw him alive on 12-31, 1934,

and that death occurred, on the date stated above, at 12-Noon.

The CAUSE OF DEATH* was as follows: Premature birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. R. Johnson, M. D.

12-31 1934 (Address) Med arts Bg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laboratory Specimen

DATE OF BURIAL 19

20 UNDERTAKER M. R. Johnson M.D.

ADDRESS

D. B. 1268-9

F 08262

08262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 McCulloh St. 11 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Brown

(a) Residence: No. 1304 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edna E

6. DATE OF BIRTH (month, day, year): Nov 25-1894

7. AGE: Years 40 | Months 8 | Days 12 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis Md

13. NAME: Wm Brown

14. BIRTHPLACE (city or town) (State or country): and

15. MAIDEN NAME: Mary Brown

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Edna E Brown

(Address): 1304 McCulloh

BURIAL, CREMATION, OR REMOVAL: Mt Calvary Date 1-9 1936

UNDERTAKER: Francis A Hemsley

(Address): 578 N Biddle St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Interstitial Nephritis

Duration

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... Coroner, M. D.

(Address)

F. D. F 5268-9

F 08263

HEALTH DEPARTMENT—CITY OF BALTIMORE

8263

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1103 Park Ave St., 11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carrie Lazarus

(a) Residence: No. 1103 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Oscar Lazarus

DATE OF BIRTH (month, day, year) June 9, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Noble Thomas

13. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Carrie Thomas

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Oscar Thomas
(Address)

BURIAL, CREMATION, OR REMOVAL

Date 1-10 1935

UNDERTAKER Francis A. Hemsley

(Address) 578 W Baltimore St.

Huntington Pittsburgh, Pa.

JAN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934 to Jan 6 1935

I last saw him alive on Jan 6, 1935. Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

Uremia Poisoning — Date of onset Dec 29 1934

Other contributory causes of importance:

Nephritis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Pitterson M. D.

(Address) 1103 Park Ave

H. D. P. 1268-9

F 08264

08264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 17

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilary Gray.

(a) Residence: No. 1211 Shields Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 8/10/03.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	4	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7899

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Va.

12. NAME Everett Gray.

13. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Laura.

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Lindsey Gray. (Bro.)

(Address) 792 W Franklin St.

BURIAL, CREMATION, OR REMOVAL

Mt Calvary Cem Date 1-17 1935

UNDERTAKER Frances A. Hemsley.

(Address) 528 N Middle St.

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/3 1935 to 1/5 1935

I last saw him alive on 1/5 1935 Death is said to have occurred on the date stated above, at 4P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days ago
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Kate M. D.

(Address) Balto. City Hosp.

F 08265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08265

144-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 18 Ward)
Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lula Mamie Williams

(a) Residence: No. 933 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Russell Williams

DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N.C.

12. NAME Edney Clemens

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Mollie —

16. BIRTHPLACE (city or town) (State or country) N.C.

INFORMANT Mr. R. Williams
(Address) 933 W. Saratoga St.

BURIAL, CREMATION, OR REMOVAL
Place Columbia, N.C. Date Jan 8, 1935

UNDERTAKER Mrs Katie R. Williams
(Address) 322 S. Schroeder St.

FILED JAN 8 1935 19 M. J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to premature separation of placenta	1-5-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Zeller M.D.
Coroner
(Address) 27 W. Lafayette Ave.

M. D. E. 1268-9

✓ F 33266

3266

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4404 Forest View ave St., 26 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Master Hubbard

(a) Residence: No. 4404 Forest View ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie A. Hubbard

7. DATE OF BIRTH (month, day, year) Sept. 13th 1883

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Floor Coverer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7741

10. Date deceased last worked at this occupation (month and year) Jan. 1934

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Easton Maryland

13. NAME Walter Hubbard

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

15. MAIDEN NAME Florence Smith

16. BIRTHPLACE (city or town) (State or country) Easton Maryland

17. INFORMANT Bessie A. Hubbard
(Address) 4404 Forest View ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Pachwood Cemetery Date Jan. 9th 1934

19. UNDERTAKER Frederick Hedelson Sons
(Address) 1901 Edmondson Road

20. FILED Jan 9 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1934 to Jan 6 1934

I last saw him alive on Jan 6 1934. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Conjunctivitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Fred Hedelson M. D.

(Address) 1901 Edmondson Road

B B 1268-9

8267

✓ F 08267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 Wilhelm St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Sammeng

(a) Residence: No. 1828 Wilhelm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 18 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	3 4	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Sterling L. Sammeng

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Ethel M Lockler

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Sterling L. Sammeng

(Address) 1828 Wilhelm St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 19th 1935

UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Fayette sts

FILED [illegible] 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/7 1935 to 1/7 1935

I last saw h[illegible]live on 1/7 1935 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	1/7/35

Other contributory causes of importance:

Pul. Congn. Heart Disease

Name of operation Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert L. Eddlage M. D.

(Address) [illegible]

D. P. 1262-9

8268

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08268

94-13

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 W Frankline St., 14 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Pistel

(a) Residence: No. 117 W Frankline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct - 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Belmont Hotel

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation 9 9/12

11. BIRTHPLACE (city or town) (State or country) Salts City

12. NAME Louis Pistel

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Mary Geyser

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Ralph Pistel Newton N J
(Address) 507 Standish

17. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/10/35 19

18. UNDERTAKER Philip Herring Sons
(Address) 2416 Eastern Ave

19. FILED 1-8-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on Jan 7 19..... Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other contributory causes of importance: Coronary Thrombosis	

Name of operation Autopsy Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James M Fenton M. D.
Coroner

(Address) Dove & Chase

F 08269 ✓ F 08269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 N. Lakewood Ave St. 8 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lieut. Martin H. Nelson

(a) Residence: No. 1111 N. Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary O. Nelson

DATE OF BIRTH (month, day, year) Oct 22/1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lieut Balto City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 19½

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo. Nelson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katherine Corcoran

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary O. Nelson

(Address) 1111 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/10/35 19

19. UNDERTAKER Philip Herrig Sons

(Address) 2016 Orleans St

1935 Huntington, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6/ 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30/34. 19 to Jan. 6/35. 19

I last saw him alive on Jan. 6/35. 19 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
5 hours duration.	

Other contributory causes of importance:

Tear gas of the lungs. From May 24/34.

Name of operation None. Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident. Injury 19

Where did injury occur? Hamelton, Balto. City. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place While on police duty.

Manner of injury Tear gas used on house to capture the prisoners.

Nature of injury Tear gas of the lungs

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) B. J. Kelley M.D.

(Address) Maryland Trust Bldg.

D. No. F 08270

F 08270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. 1213 Light St. 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Day

(a) Residence: No. Hanover P.O., Md St., Ward. Howard Co., Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Interstate Co. Date Jan 8 1935

19. UNDERTAKER Lorenzo W Dimpleton

(Address) Baltimore Heights Md

20. FILED ... Registrar.

8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935 to Jan 7, 1935

I last saw h~~im~~ alive on Jan 6, 1935 Death is said to have occurred on the date stated above, at 2.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic hypertensive cardiovascular Renal disease c myocardial failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Kelly M. D.

(Address) 1213 Light St

D. B. 1268 F 08271 ✓ F 08271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Guy E. Hagers

(a) Residence: No. Franklin Hotel St., Ward. Canada

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Race Track Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 7 x 7 V

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Canada

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Hospital & Hotel Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Toronto Ont Date: 8, 1935

19. UNDERTAKER: Wm Cook

(Address): 1217 Eutaw St

20. FILED: Aug 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above at ... a.m./p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Four hours.	

Other contributory causes of importance:

Name of operation: Regular Date of: 8

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Gluck Coroner, M. D.

(Address) Coroner

D. B. 1268-9

✓ F 08272

HEALTH DEPARTMENT—CITY OF BALTIMORE

08272

CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 E Monument St., 5 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Belle A Fisher

(a) Residence: No. 1309 E Monument St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Fisher

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9376

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cambridge Md

13. NAME John Wesley Hayden

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

15. MAIDEN NAME Jennie Pinder

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

INFORMANT Lillie Fisher (daughter)
(Address) 507 N Central Ave

BURIAL, CREMATION, OR REMOVAL

Place Holyrood Cem. Date Jan. 9 1935

UNDERTAKER Joseph D. Fiocks Co.
(Address) 1312 Jefferson St.

FILED 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935 to Jan 6 1935

I last saw h.e alive on Jan 6 1935. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyo-Nephrosis	Confined

Other contributory causes of importance:

Hypertension	Confined
Lobar Bronchitis	1wk

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) R J Young M. D.

(Address) 1424 E Monument st

D. B 1268-9

08273 V F 08273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Hopkins Hospital St., 12 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

FULL NAME Roger Webster Acheson

(a) Residence: No. 413 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Nov 6.34

GE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto., Md.
(State or country)

13. NAME Harry Hooper Acheson

14. BIRTHPLACE (city or town) Connecticutt, ??
(State or country)

15. MAIDEN NAME Grace ???

16. BIRTHPLACE (city or town) ???
(State or country)

INFORMANT Rev Noble Powell
(Address) 16 E. Eager St

BURIAL, CREMATION, OR REMOVAL Date Jan 8 1935

Place Jy Med School

UNDERTAKER
(Address)

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19..., to ... 19..., 19... Death is said

I last saw h... alive on ... 19... at 4.38 p. m.

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Starvation & neglect	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address)

B 1268-9

F 08274

08274 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH x 53c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St., 7- Ward)

th of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Jerry Osborne

(a) Residence: No. Pasedena, Md St., ... Ward.
(Usual place of abode) (if non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widow

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year)

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fair ... 2.00
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. VIVV
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Unknown
(State or country)

. NAME

4. BIRTHPLACE (city or town)
(State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town)
(State or country)

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date June 8 19 35

NDERTAKER
(Address)

LED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH 1924

21. DATE OF DEATH (month, day, year) Dec 28/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	
Pneumococcus Meningitis	
	over

Other contributory causes of importance:

Brain Tumor	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 508 E Fayette

D. P. 1268-9

F 08275

94204

HEALTH DEPARTMENT—CITY OF BALTIMORE

MF 08275

CERTIFICATE OF DEATH

117-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Thomas

(a) Residence: No. 1016 E. Fayette St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) March 18, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 7899

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Steve Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Jan 8 1935

UNDERTAKER [illegible]

(Address) [illegible]

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1935 to Jan 5 1935

Last saw him alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer	?
Acute Hemorrhage	Jan 2

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carmichael Lilly [illegible] M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

F 08276

08276 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

115-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hosp. St., 16 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. 4a. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME John Sawicki

(a) Residence: No. 8 S Chesapeake Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 25, 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	2		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Edward Sawicki
14. BIRTHPLACE (city or town) (State or country) Alabama
15. MAIDEN NAME Rose Leibold
16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mother
(Address) 8 S Chesapeake Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 9, 1935

UNDERTAKER Leonard Tenley
(Address) 1510 W Fayette St

FILED ... Registrar.

- 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935 to Jan 6, 1935
I last saw him alive on Jan 6, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Streptococcal Sepsis	4 d
Pulmonary Edema	4 d

Other contributory causes of importance:

Spastic Paraplegia	Since birth

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Harry Lehman, M. D.
(Address) 7 Chesapeake St

D. B. 1268-9

F 08277

8277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Fleet Street St., 2 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Brzezinski

(a) Residence: No. 1728 Fleet Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of Josephine Brzezinski (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B.O. Car Builder

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. 625

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Poland

12. NAME John Brzezinski

13. BIRTHPLACE (city or town) (State or country) Poland

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Poland

16. INFORMANT Josephine Brzezinski

(Address) 1728 Fleet Street

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Jan 9, 1935

18. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

19. Filed Jan 7, 1935 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1934 to Jan. 5, 1935

I last saw him alive on Jan. 5, 1935 Death is said to have occurred on the date stated above, at 1025 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1 Yr.
Bronchial Pneumonia	Dec 28 1934

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? P.S.T. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) John J. Kruger M. D.

(Address) 1117 Eastern Ave

D. P. 1208-9

8278

F 08278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Amos

(a) Residence: No. 1343 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Cliff

DATE OF BIRTH (month, day, year) July 11 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 7728

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Amos

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Camilla Powers

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Records (Address) Balto City Hosps

BURIAL, CREMATION, OR REMOVAL Place Bradshaw, Md. Date 1/10/ 1935

UNDERTAKER E J Fanning & Son (Address) 1938 E Lafayette Ave.

FILED Huntington Williams Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 . 1935 to Jan 7 . 1935

Last saw h[illegible] alive on Jan 7. 1935 Death is said to have occurred on the date stated above, at 2:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, Rheumatic & Mitral stenosis a manifestation Myocardial insufficiency & Failure	? 2 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H P Nagel M. D.

(Address) Balto City Hosps

D. B 1268-9

08279 E 08279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-N

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) W. Balto Gen Hosp St. 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Carey

(a) Residence: No. 3809 Garrison Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT W. Balto Hosp Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 1/9 1935

UNDERTAKER Kernan Lennon
(Address) 4th & Fairfield Sts.

FILED Huntington Ave
1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Fractured Skull	

Other contributory causes of importance

Fell on Ice

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in answers to the following:

Accident, suicide or homicide? Accident Date of injury Jan 6 1935

Where did injury occur? Garrison Blvd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Fell on Ice

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Leslie Brune Coroner, M. D.

(Address)

F 08280

D. B. F 08280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Parkwyrth Av St., 9 Ward)

Length of residence in city or town where death occurred ( ) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margit Pihlstrom

(a) Residence: No. 616 Parkwyrth Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

If married, ~~widowed or divorced~~ (or) WIFE of ~~HUSBAND of~~ Karl Pihlstrom

DATE OF BIRTH (month, day, year) about 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month, day, year): Jan 1935

11. Total time (years) spent in this occupation: 20

BIRTHPLACE (city or town) (State or country): Norway

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME OF MOTHER: Wren-Schramstadt

16. BIRTHPLACE (city or town) (State or country): Norway

INFORMANT (Address): Karl Pihlstrom 616 Parkwyrth Av

BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: Jan 11th 1935

UNDERTAKER: Wm Cook

(Address): 217 St Paul St

Registrar.

FEB 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1934 to Jan 8 1935. Death is said to have occurred on the date stated above, at 10:55 a.m.

I last saw her alive on Jan 2 1935

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: Jan 8

Other contributory causes of importance:

Arteriosclerosis

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1301 N Eutaw Pl

F 08281

F 08281

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Gorman Ave., 20 Ward)

Length of residence in city or town where death occurred 89 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Metzger nee Von Windenburg Lindenberg

(a) Residence: No. 9 N. Gorman Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~divorced~~, (or) WIFE of George Metzger

DATE OF BIRTH (month, day, year) June 8th 1845

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME ?. Vetters

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Pauline Michael

(Address) 9 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 10th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1-9-1935 Washington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1934 to Jan 8 1935

I last saw her alive on Jan. 8 1935. Death is said to have occurred on the date stated above, at 2.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Arteriosclerotic cardio-vascular disease	
Cerebral hemorrhage	Jan 7, 1935

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Abraham Kramer M. D.

(Address) 1928 W. Baltimore St.

F 08282

F 08282

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 106-B

CERTIFICATE OF DEATH

Registered No. 5

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Morgan
(a) Residence: No. 505 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. ~~Married~~ widowed, ~~divorced~~ HUSBAND of ~~not living~~ Sarah Hughes

DATE OF BIRTH (month, day, year) Sept 29 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (formerly coal mason)
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Wales
13. NAME John Morgan
14. BIRTHPLACE (city or town) (State or country) Wales.
15. MAIDEN NAME Heath Joshua
16. BIRTHPLACE (city or town) (State or country) Wales
17. INFORMANT Records Balt City Hosp.
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Jan 11 1935
19. UNDERTAKER Wm Cook 1217 St Paul St
(Address)
20. FILED Jan 12 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7. 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Jan 7 1935
I last saw ~~him~~ alive on Jan 7 1935 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Bronchitis	1 yr.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) I P Magruder M. D.
(Address) Balt City Hosp.

F 08283

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08283

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 W. Fayette St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. .... mos. .... ds. How long in U. S. if of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Celia Washington

(a) Residence: No. 810 W. Fayette St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

If married, widowed or divorced HUSBAND of Heath Washington

6. DATE OF BIRTH (month, day, year) — 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm. Washington

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Edith Brown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) Hattie Washington 810 W. Monument St

BURIAL, CREMATION, OR REMOVAL Place Lexington Park Co. Date 1 8 1935

UNDERTAKER Bernard P. Hensley (Address) 616 Druid Hill Ave

FILED 9 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934 to Jan. 7, 1935, that I last saw her alive on Jan. 7, 1935, Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Frank E. Adams M. D.

(Address) 6 E. Lexington

D. B 1268-9

F 08284

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08284

CERTIFICATE OF DEATH

178-a

Registered No.

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkin Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Zeissa Ades

(a) Residence: No. 1006 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	white	?

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	69		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9191

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris Ades

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dachel ??

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Morris Bronstein (Nephew)
(Address) 11 N. Eden St

BURIAL, CREMATION, OR REMOVAL
Place Drew Rosedale Date Jan 9 1935

UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 8/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Asphixiation	Jan 8/35
	about

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? probably accidental Date of injury ..... 19 .....

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury one burner of gas cooking stove on.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 502 E Monument

D. Register F 08285

F 08285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Cokesbury Av St., 9 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hall R. Grafton

(a) Residence: No. 638 Cokesbury Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 9/1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	29 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Forest Hill Md.

13. NAME R. Lee Grafton

14. BIRTHPLACE (city or town) (State or country) Forest Hill, Md.

15. MAIDEN NAME Elizabeth A. Varnes

16. BIRTHPLACE (city or town) (State or country) Altoona, Pa.

INFORMANT R. C. Grafton

(Address) 503 Evesham Ave

BURIAL, CREMATION, OR REMOVAL

Place Sanctuarie Mem Date 1/10 1935

UNDERTAKER Howard R. Bright Jr.

(Address) 1418 N. Eutaw St.

FILED JAN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... about 6 P.M. 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	
Bronchial Asthma ?	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

D. P. 1268-9

8286

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 8286

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S. Furrow St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Virginia Rine

(a) Residence: No. 711 S. Furrow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Rine

DATE OF BIRTH (month, day, year) Dec 15-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	—	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME — Farrow

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs. Emma Koontz

(Address) 711 S. Furrow St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date Nov 9, 1935

UNDERTAKER J. B. Weber Sons

(Address) 200 Cathedral St.

FILED Nov 9 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/28/34 to Jan 6 1935

I last saw h alive on Jan 5 1935 Death is said to have occurred on the date stated above, at 5-05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1/2
Arteriosclerosis	
Hypertension	
	1935
Other contributory causes of importance: Pneumonia, Oedema	1/5/35

Name of operation — Date of —

What test confirmed diagnosis? Clinical only Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) James H. Steinbrecher M. D.

(Address) 721 Madeira St.

L. D. B. 1268 F 08287 Bozwick F 08287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Baltimore City Hospitals

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 13 Ward) 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Carrie Bozwick

(a) Residence: No. 907 W 33rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (of) WIFE of Frank Bozwick

7. DATE OF BIRTH (month, day, year) Dec. 10, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	0	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME Joseph Bozwick

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Wilmington Delaware Jan 2 1935

UNDERTAKER Ebenezer Lee

(Address) 365 N Eutaw St

9-1935 Huntington Williams Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1934 to Jan 1 1935

I last saw h alive on Jan 1 1935 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with pulmonary & hepatic metastases	Oct 1934
Other contributory causes of importance	
Ureteral Stricture Right	July 1934

Name of operation Biopsy Date of 9/6/34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel T. Posey M. D.

(Address) Balto City Hospitals

D. P. 1268 F 08288

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08288

137

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 13 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Hoffman

(a) Residence: No. 3432 Elm Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose E. Hoffman

6. DATE OF BIRTH (month, day, year) Dec 25, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 20 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Vernon Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry E. Hoffman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Christina Brown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose E. Hoffman

(Address) 3432 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 11, 1935

19. UNDERTAKER Ehrenwerth & Son

(Address) 3615-17 Eastern Ave

FILED JAN 12 1935 Arlington W. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1934 to 1-8, 1935

I last saw h[illegible] alive on 1-8, 1935. Death is said to have occurred on the date stated above, at 5-20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy ?	
Other contributory causes of importance: Pneumonia (Bronchial),	1-8-35
arteriosclerosis, general	?
Hypertension	?

Name of operation Cyst Totomy Date of 12-29-34

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

D. P. 1268 F 08289 Schaefer. F 08289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 13 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Russell J. Schaefer

(a) Residence: No. 817 W. 35th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 7 1916

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	2.	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -849

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Delta Md

13. NAME Frank P. Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Champion

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Frank P. Schaefer
(Address) 817 W 35 St

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 11, 1935

UNDERTAKER Thomas E. Foley
(Address) 6615 Reisterstown Ave

FILED Jan 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Investigation, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Reformation Fracture of L. Side of Skull	4 days
Suddenness	

Other contributory causes of importance:

AC Accident

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 19
Where did injury occur Jan 6 1935
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Yes

Manner of injury Struck by Board Jumping from Car
Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) James M Grayson Coroner, M. D.
(Address) 700 Eutaw St

D. B 126

F 08290

F 08290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 937 W. Balto. St., 18 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Riyoho Yonahara

(a) Residence: No. 937 W. Balto St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Japanese	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, housekeeper, etc. Store-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9891

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Japan

13. NAME R. Yonahara

14. BIRTHPLACE (city or town) (State or country) Japan

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Japan

INFORMANT Norihito Asato

(Address) 232 Park St. West Haven. Conn.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 9 . 1935

UNDERTAKER John F. Denny

(Address) 715 Light St.

FILED 9-1935 Huntington Prospect [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-6-. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eugene Zellers M. D.

Coroner

(Address) 1739 Eastern Ave.

D. P. 1268-9

8291 HEALTH DEPARTMENT—CITY OF BALTIMORE 8291

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4214 S Stanwood St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth S. Guy

(a) Residence: No. 4214 S Stanwood St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 2, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	4	

8. Trade, profession, or particular kind of work done, as spinner, ship yrr, bookkeeper, etc. none X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME William Guy

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah E. Guy

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) W. G. Hoover Woodlawn, Md.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Md. Date Jan. 9 1935

UNDERTAKER (Address) E. Leroy Stiller, Inc. 125 E. Monument

[illegible] 19 Huntington Williams

9-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1934 to Jan 6 1935

I last saw h[illegible] alive on Jan 6 1935 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 31 '34

Other contributory causes of importance: Arter[illegible]

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Hardesty M. D.

(Address) 4810 Belair Pk.

D. P. 1268-9

F 08292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08292

CERTIFICATE OF DEATH

✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hayes

(a) Residence: No. 525 Parrish st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Hayes

6. DATE OF BIRTH (month, day, year) Dec. 25, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 7899

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Thomas Hayes

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan 10 1935

UNDERTAKER Samuel H. Case Son
(Address) 638 N. Gilmor

FILED Jan 10 1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 6 1935

22. I HEREBY CERTIFY, That I attended deceased from December 21 1934 to January 6 1935

I last saw him alive on January 6 1935 Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W Jacobson, M. D.

(Address) Balto City Hospitals

D. B 1206

F 08293

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08293

CERTIFICATE OF DEATH

✓ 186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Schweitzer

(a) Residence: No. 1817 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane

6. DATE OF BIRTH (month, day, year) Feb 13/1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self 9+91

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Andrew Schweitzer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdelena ???

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Jane Schweitzer

(Address) 1817 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 8 19 35

19. UNDERTAKER Wm J Tegtmeier & Sons

(Address) Fremont & Lanvale Ave

20. FILED 19 35 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at A. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Arteriosclerosis	
Other contributory causes of importance:	
Fractured left hip	Dec 23

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury . 19 .

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home.

Manner of injury Slipped and fell in

Nature of injury bedroom.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hale, M. D.

(Address) 508 E. Fayette

F. D. B. 1268-9

F 08294

F 08294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 N Arlington Ave. Ward) 16

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds

2. FULL NAME Alice Davis

(a) Residence: No. 908 N Arlington Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
wole	Colored	Widow

6. If married, widowed, or divorced (or) WIFE of Jesse Davis

DATE OF BIRTH (month, day, year) Apr 10 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middle Sea Co Va

13. NAME Sheldon Fields

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Catherine Bailey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Sandra Davis 908 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Jan 9, 1935

19. UNDERTAKER (Address) Mrs Katie E Williams 322 E. Schroeder Ste.

FILED ... 19... Registrar.

8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1935

22) I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Jan 6 1935

I last saw her alive on Jan 1 1935 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis — Date of onset June 1934

Other contributory causes of importance:

Uremia — Jan 5 1935

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O William Fiey M. D.

(Address) 1 W Penna Ave.

F 08295

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08295

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 S. Schroeder St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Selby

(a) Residence: No. 7 S. Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Jas. J. Selby

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 60-9V
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 18

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Jas. H. Bailey

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Cecelia Palmer

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT J. J. Selby

(Address) 613 Arlington Ave Edmondson City

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan 9, 1935

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

FILED 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/5/, 1934, to 1/5/35, 19...

I last saw h. alive on 1/5/35, 19... Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1
Cerebral Apoplexy	3 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Vernon J. Tarr, M. D.

(Address) 910 W. Lombard

D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8296 F 08296

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Augusta St. 10 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Gordon

(a) Residence: No. 918 Augusta St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Pitt Gordon

DATE OF BIRTH (month, day, year): 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: a596

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Richmond Va.

13. NAME

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Mollie Page

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Pitt Gordon

(Address) 918 Augusta St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Jan 10 1935

UNDERTAKER Byron & Marie H. Wright

(Address) 218 N. Calvert St

Byron & Marie H. Wright

Funeral Directors

Registrar.

FILED JAN 9-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1935 to 1-7 1935

I last saw her alive on 1-7 1935. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	1/1/35

Other contributory causes of importance:

Influenza

Name of operation None Date of

What test confirmed diagnosis? Signs + Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Jas. R. Blake M. D.

(Address) 924 Augusta St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

08297 E 08297

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 15 Ward)

Length of residence in city or town where death occurred ?60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Thomas Farrell (Bessie McCormack) Farrell

(a) Residence: No. 2422 Ellamont St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Farrell

6. DATE OF BIRTH (month, day, year) July 30, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	8 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John McCormick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Hennegan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Helen Farrell

(Address) 2422 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 11- 35

19. UNDERTAKER Margaret E. Flynn

(Address) 2107 N. Milton Ave.

FILED Huntington Wm. Registrar

1-9-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1935, to January 8, 1935.

I last saw her alive on Jan 8th, 1935. Death is said to have occurred on the date stated above, at 2:02 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease with acute myocardial failure	?

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles H. Conley, Jr., M. D.

(Address) Union Memorial Hosp.

H. D. P. 1568-9

08295 08298 2938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 ✓

Registered No. 08298

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Will.

(a) Residence: No. 1400 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Will

7. DATE OF BIRTH (month, day, year) 1-10-55

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Jacob Will

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Kremer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 1/10 19 35

19. UNDERTAKER Margaret F. Flynn
(Address) 2107 Hilton St

FILED 1-9-1935 Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 19 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 19 34 to Jan 8 19 35

I last saw him alive on Jan 8 19 35 Death is said to have occurred on the date stated above, at 4¼ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, acute. Cystitis, chronic. (Urinary Bladder)	12/28
Other contributory causes of importance: Benign prostatic hypertrophy	Oct 34

Name of operation Perineal nephrotomy Date of 1/2/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Baker M. D.

(Address) Johns Hopkins Hospital

(08293) Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 F 08299

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 739 W. North Ave ST.: 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie Block

(a) RESIDENCE. NO. 739 W. Nalt ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. d.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Frank E. Block

7 DATE OF BIRTH (month, day, and year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None +

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Simon Ruben

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Eva

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant (Address) Jos. Lewis 1435 E. Baltimore St

Filed . 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 7 1935

17 I HEREBY CERTIFY, That I attended deceased from Dec 17 . 1934 . to Jan 7 . 1935 .

that I last saw her alive on Jan 7 . 1935 .

and that death occurred, on the date stated above, at 8:10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

Uremia 2 weeks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) arterio-sclerosis one year

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? nr Date of /

Was there an autopsy? nr

What test confirmed diagnosis? clinical

(Signed) J. Frederick Lentz . M. D

1-8 . 1935 (Address) Temple Garden Apt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel Friendship

DATE OF BURIAL 1/9/35 19

20 UNDERTAKER Jos. Lewis Inc

ADDRESS 1435 E. Baltimore St

19-1925

H. D. B. 1268 F 08300 F 08300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. Balto. St., 27 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Marie Kirkwood

(a) Residence: No. 5229 Tramore Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank T. Kirkwood

7. DATE OF BIRTH (month, day, year) Aug. 3- 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Wm. Talley

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Frances Boyce

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Frank T. Kirkwood

(Address) 5229 Tramore Road

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn. Date Jan. 11 1935

19. UNDERTAKER George W. Zirkler

(Address) 1737 E Eager

9-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 . 1935 to Jan 8 . 1935

I last saw her alive on Jan 8 . 1935 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (left base)	Dec 27'34
" Pneumonia (rt. upper)	Jan 4'35

Other contributory causes of importance:

Bacteremia	Jan 3'35

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — . 19 —

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None.

Manner of injury None

Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) D. D. Caples . M. D.

(Address) Univ. Hosp. Balto. Md.

F 08301

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08301

CERTIFICATE OF DEATH

✓ 71-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 S. Baylis St., N Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Resch

(a) Residence: No. 1104 S. Baylis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret M. Resch.

DATE OF BIRTH (month, day, year) May 12, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	25 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 6+99

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Michael Resch.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret M. Resch

(Address) 1104 S. Baylis St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 11 1935

19. UNDERTAKER George W. Zirkler

(Address) 1757 E Fayette St

Filed JA 9 - 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1934 to Jany 7 1935

I last saw him alive on Jany 7 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Aug 3-34
Other contributory causes of importance: Dehydration terminal.	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. V. Clift M. D.

(Address) 10 E Franklin St

F. D. B. 1268-9

F 08302

08302 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 46-6

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St.) (Ward) No

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Wm. S. Wheeler.

(a) Residence: No. Balto City Hosp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Sept. 14, 1858.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1899

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Joseph Wheeler.

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

15. MAIDEN NAME Martha Tompson.

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

INFORMANT Records B C H

(Address)

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date Jan 9, 1935

UNDERTAKER

(Address)

FILED 1935

Registrar

1015

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/12/, 1934 to 1/6, 1935

I last saw him alive on 1/6, 1935 Death is said to have occurred on the date stated above, at 10½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto. City Hosp.

M. D. F. 1268-9

E 08303

08303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Brown

(a) Residence: No. 713 W Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Esther

7. DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date Jan 9 1935

19. UNDERTAKER [redacted]

(Address)

20. Huntington Williams, M.D.

1935 1016 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934 to Jan 3, 1935

I last saw h[illegible] alive on Jan 03, 1935 Death is said to have occurred on the date stated above, at 9 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C. V. S. Syphilis	15 ?
Other contributory causes of importance:	

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. P. Magee M. D.

(Address) Balt City Hosp

D. H. 1268-3

F 08304 ✓ F 08304

HEALTH DEPARTMENT—CITY OF BALTIMORE

125-B

CERTIFICATE OF DEATH

PLACE OF DEATH

TY OF BALTIMORE: (No. Sinai Hospital St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

nth of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Blanche Simon Blanche Simon

(a) Residence: No. 1622 Linden Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE Jacob Simon

ATE OF BIRTH (month, day, year) Jan. 9 1876

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. +

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Rosenthal

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME Sophie Weisenbach

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Miss. Ada Rosenthal

(Address) Sinai Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Bells. Met. Cem. Date Jan. 10, 1935

UNDERTAKER Lloyd Landsman & Son

(Address) 902 Eutaw Place

FILED Jan 10, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934 to Jan 8 1935

I last saw h[illegible] alive on Jan 8, 1935. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	?

Other contributory causes of importance:

Multiple fibromas	?

Name of operation Exploratory Date of Jan 5, 35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Samuel Weinman M. D.

(Address) Sinai Hospital

D. B. 1268-9

✓ F 08305

HEALTH DEPARTMENT—CITY OF BALTIMORE

8305

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 908 Ridgely St. 21 Ward)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Ebert.

(a) Residence: No. 908 Ridgely St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Leonard Ebert.

DATE OF BIRTH (month, day, year) Nov. 15 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Leher.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Susana Snyder

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Robt. L Wayne.
(Address) 1623 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Jan. 10th 35

19. UNDERTAKER Bernard C Harle
(Address) 1000 S Paca St

1-9-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7th 1935

22. I HEREBY CERTIFY That I attended deceased from Jan. 5 1935 to Jan. 7 1935

I last saw her alive on Jan. 7 1935 Death is said to have occurred on the date stated above, at 8 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indefinite	
Other contributory causes of importance: Acute dilatation of heart	1/6/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If [illegible] specify

(Signed) T. E. Campbell M. D.

1/9/35 (Address) 1644 Hanover St

Rec.—2-19-28—L. F. S.—500 Bks.

08306

F 08306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Rutland Ave. ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas B. Gill

(a) RESIDENCE NO. 1120 Rutland Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S., if foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Birdella Gill

DATE OF BIRTH (month, day, and year) July 16, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocery Store 9x91

(b) General nature of industry, business, or establishment in which employed (or employer) Merchant

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Baltimore Md. Md.

10 NAME OF FATHER George Gill.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Louise Sadler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland.

Informant Mr Gill

(Address) 1120 Rutland Ave

Filed -1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 6 1935

17 I HEREBY CERTIFY, That I attended deceased from July, 1934, to Jan 6, 1935, that I last saw him alive on Jan 6, 1935, and that death occurred, on the date stated above, at 11:55 p m.

The CAUSE OF DEATH* was as follows:

1 Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chr. nephritis (duration) 2 yrs mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) Fred J Schwarz, M. D.

1/8, 1935 (Address) 2700 Hoffman Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Jan. 10, 1935

20 UNDERTAKER Walter Schilling.

ADDRESS Milton Schilling 1122 E. Monume

M. D. P. 1268-9

08307 14 ✓ F 08307

293 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 5 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alan Nicholson

(a) Residence: No. 415 E. 21st St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/10/08

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Alan Nicholson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Nanna Shepard

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan. 10 1935

19. UNDERTAKER Harry J. Nuttle

(Address) 810 E. Baltimore Ave

Jan 9 1935 19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1934 to Jan 7 1935

I last saw him alive on Jan 7 1935 Death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, upper, Type III	Jan 3
Other contributory causes of importance: Emphysema, tuberculosis, lung, chronic	1926

Name of operation Thoracotomy, open Date of Dec 15

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Wood Jr M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

F 08308

8308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lieut John H Way

(a) Residence: No. 5505 Craig Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Mary A Way

DATE OF BIRTH (month, day, year) April 8 1872

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62	8	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman Lieut #75

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John H Way

14. BIRTHPLACE (city or town) (State or country) Halifax, N.S

15. MAIDEN NAME Rose Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Mary A. Way

(Address) 5505 Craig Ave

BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date Jan 11 1935

UNDERTAKER Chas P Grace & Son

(Address) 1300 Druid Park Lake Ave

1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/27/34 to Jan 8-1935

I last saw h. alive on Jan 8-35 10 AM. Death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cerebellar Hemorrhage	
Pulmonary Edema	
Br. Pneum.	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

8309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08309

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Hanover St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma S. Hickman

(a) Residence: No. 2704 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Hickman

6. DATE OF BIRTH (month, day, year): Feb 20 1867

7. AGE: Years 67 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West Ind

13. NAME of Father: Henry P. Kerr

14. BIRTHPLACE (city or town) (State or country): West Ind

15. MAIDEN NAME of Mother: Emma J. Bond

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Florence Frey

(Address) 3310 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. date Jan. 10, 1935

19. UNDERTAKER: Chas. F. Reuel & Son

(Address) 11 S. Howard & Royal Pkwy

Huntington Williams, Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 7 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934, to Jan 7, 1935

I last saw her alive on Jan 2, 1935. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	1 yr
	1 yr
Other contributory causes of importance: pulmonary tuberculosis	7 days
Cachexia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward [illegible] M. D.

(Address) 413 Mosher [illegible]

F 08310

F 08310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 S. Calhoun St., 19-3 Ward)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary K Kress

(a) Residence: No. 308 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Joseph Kress

7. DATE OF BIRTH (month, day, year) November 4 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Wm. Henry Ackermann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mr. Joseph Kress

(Address) 308 S. Calhoun St

BURIAL, CREMATION, OR REMOVAL

Place Mass Cathedral Cemetery Date Jan. 11, 1935

UNDERTAKER Henry Hoech Sons, Inc

(Address) 1301 E Eager St

FILED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1935 to Jan 8 1935

I last saw him alive on Jan 8 1935. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Influenza Acute
Endocarditis Myocarditis
Acute Dilatation
Acute Nephritis. Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance: Carcinoma of Ovary

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C Nitsch M. D.

(Address) 2151 Wilkens Ave

H. D. B. 1268-9

F 08311

HEALTH DEPARTMENT—CITY OF BALTIMORE

08311

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 N. Central Ave St., 10 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Busch

(a) Residence: No. 1020 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 19 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Lorenz Busch

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Sophia Kobler

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Miss Mollie Busch
(Address) 1020 N. Central Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date Jan. 11 1935

UNDERTAKER Henry Wrocklage & Sons Inc
(Address) 1301 E. Eager St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1934 to Jan. 7 1935

I last saw h— alive on Jan. 7 1935. Death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Myocarditis	about
Other contributory causes of importance: Bronchial Pneumonia	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did Injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no.

Manner of Injury no.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no.

(Signed) Sigl. Fittman M. D.

(Address) 130 Fallsway

14

D. P. 1268-B

3312 F 08312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. ..... Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wyatt Watkins

(a) Residence: No. Church Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Nicholas Watkins

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER Mary Wynn Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jany 11 1935

19. UNDERTAKER John C. Mitchell, Hows
(Address) 600 Eutaw Place

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1935

I HEREBY CERTIFY, That I attended deceased from Jan. 5 1935 to Jan 9 1935

I last saw h[e] alive on Jan 9 1935. Death is said to have occurred on the date stated above, at 10:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis generalized	2 yrs +
Senile Dementia	2 yrs +
Other contributory causes of importance: Bronchopneumonia	1/5/35

Name of operation 0 Date of

What test confirmed diagnosis? Clinical Was there an autopsy? 0

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. F. Sedlacek M. D.

(Address) Church Home & Infirmary

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08313

0883 56

0883 13

CERTIFICATE OF DEATH

X 157-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gerald B. Worsham

(a) Residence: No. Charleston, S.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/15/34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. +

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME John A. Worsham

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Anne Mison

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jonesboro, S.C. Date Jan 11 . 1935

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar.

1935 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 . 1935 to Jan 9 . 1935

I last saw h alive on Jan 9 1935 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus, communicating, congenital — Date of onset 4 mos ago

Other contributory causes of importance:

Name of operation Cranial plexectomy Date of 1/8/35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

D. P. 1268-9

(Gover)

✓ F 08314.

08314 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 70 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Sylvia Govan

(a) Residence: No. 2670 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 24, 1930

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James L. Govan

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Henrietta Quigley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James L. Govan

(Address) 2670 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Date Jan. 10. 1935

19. UNDERTAKER Easton, Sons

(Address) Edmondson Ave.

20. FILED Huntington Williams, M.D.

JAN 14 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8-35, 19

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1935, to January 8, 1935

I last saw her alive on January 8, 1935. Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary disseminated broncho-pneumonia	1-4-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St. Agnes Hospital

F 08315

8315 8 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151-C

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Hartlove

(a) Residence: No. 3511 Buena Vista Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word):

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11/10/34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8 months	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm Hartlove

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Bertha Newton

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place East Lawn Cem. Date Jan 10 1935

19. UNDERTAKER John Wenck
(Address) 1222 Mosher St

Filed Jan 10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1935 to Jan 7, 1935

I last saw him alive on Jan 7, 1935 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of heart	Birth

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dennis D. Schwartzkopf, M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 8316

8316

CERTIFICATE OF DEATH

157-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 21 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanore Virginia Shrader

(a) Residence: No. 1515 Lamont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 16 th 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	22 21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Elmer C Shrader

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Josephine Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Elmer C Shrader
(Address) 1515 Lamont ave

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Jan 10 19 35

UNDERTAKER John Elliott
(Address) 1001 Eastern Ave

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4.35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify.)

(Signed) Robt Kaufman M. D.

(Address) 508 E Preston

D. H. 1268-9

F 08317

08317 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Johnson

(a) Residence: No. 823 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 5/1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer & Agt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

13. NAME Joseph Johnson

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

15. MAIDEN NAME Maria Driver

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md

17. INFORMANT Henry Johnson
(Address) 103 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Jan 10, 1935

19. UNDERTAKER Joseph A Lipsky
(Address) 409 N. Mount St

Huntington Williams

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at about 10/ P. M.

The principal cause of death and related causes of importance were as follows:

Hemorrage due to incised wound of neck.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury Jan 6/35

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home at 823 Sterling St

Manner of injury Cut with razor.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner, M. D.

(Address) 1086 Eutaw

D. B 1268-9

E 08318

08318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. 952-4 N. Gay St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Edward Robinson

(a) Residence: No. 1218 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	3	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 23/1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Walter Robinson

14. BIRTHPLACE (city or town) (State or country) Laurel, Md.

15. MAIDEN NAME Irene Marshall

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Irene Robinson
(Address) 1218 E. Madison

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 8, 1935

UNDERTAKER Robert McClain
(Address) 1515 McElderry St

Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/35. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Suffocation & burns	Jan

Other contributory causes of importance: Shock

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accid'l Date of injury Jan 3, 35

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place cellar of 952-4 N. Gay St

Manner of injury a boy thrust a heated poker into can of celluloid buttons

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) x C. H. Watkins, M. D.
Coroner

(Address) 108 E. Madison

D. B. 1268-9

✓ F 08319

08319

HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 117-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home + Infirmary — Registered No.

CITY OF BALTIMORE: (No. ..... St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Samuel H. Carter

(a) Residence: No. Long Beach, Middle River, Md. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mrs. Edith Carter

6. DATE OF BIRTH (month, day, year): Nov. 10, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Greensboro, Md.

13. NAME: Mr. Samuel Carter

14. BIRTHPLACE (city or town) (State or country): Greensboro, Md.

15. MAIDEN NAME: Miss Anna Niver

16. BIRTHPLACE (city or town) (State or country): Denton, Md.

INFORMANT: Edith V. Carter

(Address): Middle River Md.

BURIAL, CREMATION, OR REMOVAL: Edmondson Cemetery Date Sept. 10th 35

UNDERTAKER: Frederick Keeney & Sons

(Address): 1401 Belair Road

FILED 9-1935 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1934 to Jan. 8, 1935

I last saw him alive on Jan. 8 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated ulcers of duodenum	12/28/34
Generalized peritonitis	12/28/34
Syphilitic aneurism	?

Other contributory causes of importance:

Name of operation: Closure of perforation of duodenum. Date of: 12/28/34

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard V. Hauver M. D.

(Address) Church Home + Infirmary

M. D. B. 1268-9

F 08320

8320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Taylor ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Imogene Kitzmeyer

(a) Residence: No. 3600 Taylor Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. A. Kitzmeyer

6. DATE OF BIRTH (month, day, year) Sept. 3rd 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME George Holmsdee

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Elsie Cox

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Milton L. Kitzmeyer

(Address) Parkville Md.

18. BURIAL, CREMATION, OR REMOVAL Albany New York Jan. 12 1935

19. UNDERTAKER Frederick A. Sheahan Son

(Address) 6701 Belair Road

Filed 1935 Jan 14 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/5/35 to 1/8/35

I last saw her alive on 1/8/35 at 5 p. m. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Infect.)	

Other contributory causes of importance: Pulmonary Edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alpha L. Elder M. D.

(Address) 523 Hampden Blvd

H. D. F. 1268-9

F 08321

08321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4607 York Rd St., 27 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P Carbis

(a) Residence: No. 4607 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara J Carbis

6b. DATE OF BIRTH (month, day, year) 1861-5-1

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant (retired) 991

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7/25

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Mahlon Carbis

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Eliza Pearce

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs Clara J Carbis

(Address) 4607 York Rd Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cemetery Jany 10, 1935

19. UNDERTAKER C. M. Watts

(Address) Fairfield, Md.

1935 Jan 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1934 to Jan 7 1935

I last saw him alive on Jan 6 1935. Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach mlef	
Other contributory causes of importance: Exhaustion	

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Campbell M. D.

1/8/35 (Address) 1644 Hanover St

M. D. B. 1268-B

F 08322

08322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Maryland General Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Margaret Rupp, (Margaret S. Rupp)

(a) Residence: No. Masonic Home, Cockeysville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Sarah Rupp.

14. BIRTHPLACE (city or town) (State or country) Manchester Md.

15. MAIDEN NAME Sarah Ann Long Kelley

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 11 1935

19. UNDERTAKER Joel H. Cook

(Address) 1003 W. Baltimore St.

1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-8-35

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1935, to 1-8, 1935

I last saw her alive on 1-6, 1935 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	11-9-14
Gangrenous Gall Bladder	
C.	
Other contributory causes of importance: Cardiac Failure	1-8-35.

Name of operation Cholecystotomy Date of 1-8-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Proctor M. D.

(Address) Bd. Elec. Hosp.

M. D. B. 1268-9

E 08323

HEALTH DEPARTMENT—CITY OF BALTIMORE

08323

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Anna L. Hunt (Annie G. Hunt)

(a) Residence: No. 107 North Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? About 1881

7. AGE: Years: Abt. 54; Months: ; Days: ; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaking 17 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L & I Greenbaum

10. Date deceased last worked at this occupation (month and year) 5 yrs

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

17. INFORMANT Annie Mrs. Anderson (Address) 107 North Carey St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Jan. 10 1935

19. UNDERTAKER Joseph Cook (Address) 1003 N. Baltimore St.

20. FILED 1935 Washington Co. Register. 6 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-5 1935 to 1-8 1935

I last saw her alive on 1-8 1935. Death is said to have occurred on the date stated above, at 11.20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1-1-35
Carcinoma of Rectum	1-1-24
Other contributory causes of importance: Pneumonia Lobar	1-7-35

Name of operation Colostomy Date of 1-5-35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. E. Proctor M. D.
(Address) Med Sec Hosp.

H. D. B. 1268-9

F 08324

08324 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Wickford Rd 27 Ward)

Length of residence in city or town where death occurred 7½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide Marie Louis

(a) Residence: No 4405 Wickford Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry D. Louis.

DATE OF BIRTH (month, day, year) Sept. 14 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Ernest Buchholz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Haerlop

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Henry D. Louis

(Address) 4405 Wickford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan. 10 1935

19. UNDERTAKER Mr. Fletcher Sons

(Address) North & Pa Aves

20. FILED 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1937 to 1-7 1935

I last saw h[illegible] alive on 1-7 1935. Death is said to have occurred on the date stated above, at 8.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1928 ?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1129 St Paul St

D. H. 1268-9

F 08325

08325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospl.

CITY OF BALTIMORE: (No. Balto Md St., 11 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie B. Wysham

(a) Residence: No. 718 N. Eutaw St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

If married, widowed, or divorced. HUSBAND of (or) WIFE of William E.

DATE OF BIRTH (month, day, year) April 7 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 ~~yrs~~	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER James Moore

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME OF MOTHER Annie Bottzell

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records City Hospl.
(Address) Balto City Hospl.

BURIAL, CREMATION, OR REMOVAL
Place Cremation Cem Date 1-11-35 19

UNDERTAKER Wm J Fuchs & Sons
(Address) Fond & Pine
Huntington Williams, W. Va.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-35

22. I HEREBY CERTIFY, That I attended deceased from 6-12-31 to 1-9-35

I last saw her alive on 1-9-35. Death is said to have occurred on the date stated above, at 3.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic myocardial failure	2
Senile Psychosis & Deterioration	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) Balto. City Hospitals

H. D. B. 1268-9

✓ F 08326

8326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 127-a

1. PLACE OF DEATH University Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Cluff Dundalk Md.

(a) Residence: No. 7 Dundalk Apts St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of EDWARD W CLUFF

7. DATE OF BIRTH (month, day, year): Dec 20 1863

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Somerset Co Md

13. NAME OF FATHER: Thomas Smith

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Susan Smith

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs Ira Turner
(Address): Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Md
Place: St Mary's Date: 1-11-35

19. UNDERTAKER: Fiddes Johnson
(Address): Salisbury Md

1935

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-1-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-25-34 to 1-9-35, 19
I last saw her alive on 1-9-35, 19 Death is said to have occurred on the date stated above, at 4 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Broncho-pneumonia	1-8-35
Partial Heart Block	1-5-35
Strangulated Ventral Hernia	12/24/34

Other contributory causes of importance:
Diabetes
Hypertension

Name of operation: Herniotomy Date of: 12/25/34

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh E. McGrally, M. D.

(Address) Univ. Hosp.

F 08327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 E 22nd St Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank C. Reese

(a) Residence: No. 321 E. 22nd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Winter

DATE OF BIRTH (month, day, year) 72 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Clerk Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frank C Reese

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs Stella Reese

(Address) 321 E. 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer 1/10 1935

19. UNDERTAKER Mary M. Shadefield

(Address) 1726 Eutaw Pl

FILED JAN 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 7 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ..... Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	Jany 7-35

Other contributory causes of importance:

Aortic — Sclerosis

Name of operation ..... Date 1933

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L Valentine M. D.
Coroner

(Address) 16 So Broadway

M. D. R. 1268-9 F 08328 F 08328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4407 Penhurst Ave St. 24 Ward)

Length of residence in city or town where death occurred 1 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna M. Popp

(a) Residence: No. 4407 Penhurst Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Stephen L Popp

6. DATE OF BIRTH (month, day, year): 79 yrs 1856

7. AGE: Years 79 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Martin Maioch

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Plantholt

(Address) 4407 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 10, 1935

19. UNDERTAKER: Mary M Mitchell

(Address) 501 E 20th St

19. FILED JAN 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934 to Jany 6, 1935

I last saw h er alive on Jany, 1935. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	?
Other contributory causes of importance:	
Paralytic Convulsion	Day of death

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) ..... M. D.

(Address) 3136 Elmwood Ave

D. B 1269 F 08329 F 08329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 W. North Ave. 13 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Lipson

(a) Residence: No. 630 W. North Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed or divorced~~ WIFE of George A. Lipson

DATE OF BIRTH (month, day, year) Oct 4th 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Meise

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Harry A. Lipson

(Address) 4920 Palmer Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 10th 1935

UNDERTAKER Jos Cook

(Address) 1217 E Fond St

FILED ..... 19 ..... Registrar.

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Specify)

(Signed) John J. Mowlds Coroner, M. D.

(Address) 1432 Eutaw

D. P. 1703-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

(08343) 08330 F 08330

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. 9 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Marich

(a) Residence: No. 41 E Hamburg St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	S

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — none

DATE OF BIRTH (month, day, year) 3-22-34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Michael Marich

14. BIRTHPLACE (city or town) (State or country) Jugo Slavia

15. MAIDEN NAME Irene Koontz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Jan 10 1935

19. UNDERTAKER John F Denny (Address) 715 Light St

20. FILED 19 (Registrar)

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1934 to Jan 8 1935

I last saw him alive on Jan 8 1935 Death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post pertussis pneumonia	1-5-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irwin D. Schwengber M. D.

(Address) John Hopkins Hospital

H. D. B. 1268-9

F 98331

98331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 Hamilton Terrace 11 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Perry S. Allison

(a) Residence: No. 839 Hamilton Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian E Allison

DATE OF BIRTH (month, day, year) Sept 15 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work is done, as silk mill, saw mill, bank, etc. Steel Works

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Columbus (State or country) Ind.

13. NAME Ace Allison

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Eliza Blessinger

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs Lillian E Allison

(Address) 839 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 11 1935

19. UNDERTAKER John F Denny

(Address) 215 Light St

20. FILED JAN 10 1935 Huntington W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1934 to Jan 8. 1935

I last saw him alive on Jan 7 1935. Death is said to have occurred on the date stated above, at 1.55 p m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus — Date of onset 1933
Cardiac hypertrophy & dilatation — Duration
Arteriosclerosis — Duration
Chronic Bronchitis — Duration

Other contributory causes of importance:

Name of operation ... Date of

What test confirmed diagnosis? Autopsy in words Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry D McCarty, M. D.

(Address) 37 W. Preston St.

M. D. P. 1268-5

F 08332

F 08332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH West Balt General Hosp

CITY OF BALTIMORE: (No. Payson and Blakeland St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bella Rosenthal

(a) Residence: No. 1716 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Eli

6. DATE OF BIRTH (month, day, year) March 30 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	8 9.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Abraham J. Oppenheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Neustaedter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs J. Falk
(Address) 1718 Poplar Grove st

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cemetery Date Jan 10, 1935

19. UNDERTAKER Sol Levinson & Bros
(Address) 1127 E. Balto st

[illegible] 10 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935 to Jan 8, 1935

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Cerebral Hemorrhage	Nov. 1934
2) Decub. Ulcer of Left Foot	

Other contributory causes of importance:

1) Bronchopneumonia	1-2-35
2) Decub. Ulcer of Left Foot	1-1-35

Name of operation None Date of ...

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Leon Aaronson M. D.

(Address) West Balto. Gen'l Hospital

D. P. F. No. F 08333

Dr Shochat 230 N Edmondson Ave

F 08333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Poplar Grove St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Gettel Blechman

(a) Residence: No. 1543 Poplar Grove St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Julius Blechman

DATE OF BIRTH (month, day, year) 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Sabe Kordo

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Herman Matisoff

(Address) 1543 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL Forest Rosedale Date 1/10/35, 19

19. UNDERTAKER Jacob Levin One

(Address) 1119 Druid Hill Ave

Huntington Pallbearers, Inc.

20. FILED 1/10, 19 35 Registrar.

F 10133

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1935, to Jan 9, 19 35

I last saw h[illegible] alive on Jan 9, 1935. Death is said to have occurred on the date stated above, at 10 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chronic Nephritis	1933
Bronchopneumonia	Jan 7/35

Other contributory causes of importance:

Chronic Tuberculosis Pleurisy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Y. Shochat, M. D.

(Address) 230 N Edmondson Ave

F 08334

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08334

CERTIFICATE OF DEATH

✓ 46-E

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2305 Pulaski St., 15 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Belle Miriam Barnett

(a) Residence: No. 2305 Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Soloman

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Minnie Levin-Daughter

(Address) 2912 Norfolk Ave

BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 1/11/35, 19

UNDERTAKER Jack Levin Son

(Address) 2[illegible] Lutaw Place

Huntington Pathauer, Jr.

FILED 1 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9, 19 35

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 19 34 to 1/9, 19 35

I last saw her alive on 1/9, 19 35 Death is said to have occurred on the date stated above, at 2 50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) 2328 Eutaw Pl

D. P. H. 8-9 F 08335 F 08335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Hurwitz

(a) Residence: No. 811 Hollins St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) 3-1-1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	44	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Store

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Hurwitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lend

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT A. Hurwitz (Address) 4209 Gwynland ave

18. BURIAL, CREMATION, OR REMOVAL Place Mesh Rd Date 1-10-35 19

19. UNDERTAKER Jack Levin Inc (Address) 1439 E. Baltimore St

20. FILED JAN 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1935, to January 9, 1935

I last saw him alive on January 9, 1935. Death is said to have occurred on the date stated above, at 8:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Type I	1-4-35
Pulmonary edema	1-8-35

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. Hurwitz, M. D.

(Address) Sinai Hospital

D. B. No. F 08336

F 08336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Brooks Lane St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Rodgers

(a) Residence: No. 925 Brooks Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Soloman

DATE OF BIRTH (month, day, year) 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

13. NAME Henry Rosenthal

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Olga

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 1/11/35 19

19. UNDERTAKER Levy Bros

(Address) 1439 E Balto St

FILED JAN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1934 to Jan 9 1935

I last saw her alive on Jan 9 1935. Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	3 years
Hypertension	3 years

Other contributory causes of importance:

Uremia	4 mos
Myocarditis	4 mos

Name of operation None Date of -

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Leitz M. D.

1-9-35 (Address) Temple Gardens apts

F 08337

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08337

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Ruston Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME David M. Bernstein

(a) Residence: No. 1638 Ruston Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizebelt

7. DATE OF BIRTH (month, day, year) 1866

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Hosier~~ Retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jailor (Girls)

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr. Bernstein (Address) 2216 Mt Royal Ter.

18. BURIAL, CREMATION, OR REMOVAL Sinai Date 1/10/35 19

19. UNDERTAKER Jacob Levin Levy (Address) 1439 E. Baltimore St

20. Filed JAN 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/6/35. 19 . to 1/9 . 1935.

I last saw him alive on 1/9 . 1935. Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1/6/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Bernstein M. D.

(Address) 2216 Mt Royal Ter

B. P. 1268-9

F 08338 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08338

CERTIFICATE OF DEATH ✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 17 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Thomas

(a) Residence: No. 451 E. 23rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Grace Thomas

DATE OF BIRTH (month, day, year) Not given

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not given

13. NAME (Dad) Not Known

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME (Dad)

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) Grace Thomas 451 - E - 23rd St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 1 — 10 — 35

19. UNDERTAKER (Address) Frances A Hemsley 578 Biddle St

JAN 10 1935 Huntington W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 7 — 1935

22. I HEREBY CERTIFY, That I attended deceased from 1 — 3 — 1935, to 1 — 7 — 1935.

I last saw him alive on 1 — 7 — 1935. Death is said to have occurred on the date stated above, at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lobar Pneumonia	12-31-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Sat Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Worked out-doors

(Signed) J. R. Cooley M. D.

(Address) Provident Hosp

F 08339

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08339

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Henderson

1a) Residence: No. 129 W. 22nd st. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Henderson

DATE OF BIRTH (month, day, year) Oct. 1, 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George Henderson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Nora ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Jan 10th, 1935

19. UNDERTAKER Crofut & Gable

(Address) 210 W. Lanvale St.

20. FILED JAN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1934 to January 4, 1935

I last saw him alive on January 4, 1935 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlin, M. D.

(Address) Baltimore City Hospitals

D. P. 1268-9

08340

HEALTH DEPARTMENT—CITY OF BALTIMORE

08340

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 E 30th St., 9 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Callahan

(a) Residence: No. 1623 E 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ WIFE of ~~HUSBAND of~~ Minnie C. Callahan

DATE OF BIRTH (month, day, year) Sept 26th 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery & Provision

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Talbott Co Md

13. NAME John Callahan

14. BIRTHPLACE (city or town) (State or country) Talbott Co Md

15. MAIDEN NAME Arianna Bromwell

16. BIRTHPLACE (city or town) (State or country) Talbott Co Md

17. INFORMANT Minnie C. Callahan
(Address) 1623 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 10th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. PLACE OF BURIAL OR REMOVAL Washington Co Md

JAN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1934 to Jan. 8, 1935
I last saw h[illegible] alive on Jan. 7, 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertension	
Arterio-scherosis	
Other contributory causes of importance:	
Toxemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo I McCleary M. D.

(Address) 400 Payson Street

H. D. B. 1268-9

08341

HEALTH DEPARTMENT—CITY OF BALTIMORE

08341

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 903 Harlem Av. 16 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Ames Boston

(a) Residence: No. 903 Harlem Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

6. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Levin Boston

DATE OF BIRTH (month, day, year) 6-15-04

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or min.
	30	6	21/22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Va

13. NAME Tolton Ames

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Julia ——

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Flora Lena Waugh

(Address) 903 Harlem Av. b

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/10 1935

19. UNDERTAKER Charles L. Cooper

(Address) 514 N. Calhoun St

FILED JAN 10 1935 Hunter Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1935 to 1-6 1935

I last saw her alive on 1-6 1935 Death is said to have occurred on the date stated above, at 5:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	12-30-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wayne Downs M. D.

(Address) 1500 E. Madison St

D. B 1262-9

8342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

No. 08342

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Bayard St. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Blanche Blackmon

(a) Residence: No. 1221 Bayard St. St., 1 Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 1-1928.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Earl J. Blackmon

14. BIRTHPLACE (city or town) (State or country) Williamston South Carolina

15. MAIDEN NAME Minnie Kitchen

16. BIRTHPLACE (city or town) (State or country) Columbia South Carolina

17. INFORMANT Earl J. Blackmon

(Address) 1221 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/11/35 19

19. UNDERTAKER Charles G. Cooper

(Address) 514 N. Calhoun St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 , 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h. alive on Inquiry , 19 Death is said to have occurred on the date stated above, at 12 M. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 5 1935

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph L. Holtzman M. D. Coroner

(Address) 16 South Broadway

2-25-28—L. F. S.—500 Bks.

08343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V F 08343

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 940 W. Franklin ST., 19 WARD)

2—FULL NAME Annie Wilkes Hall

(a) RESIDENCE NO. 945 W. Franklin ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Married

If married, widowed, or divorced (or) WIFE of Marshal Hall

DATE OF BIRTH (month, day, and year) 8-22-1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

BIRTHPLACE (city or town) Gloucester Co.
(State or country) Va.

10 NAME OF FATHER Barse Washington

11 BIRTHPLACE OF FATHER (city or town) Glouceste
(State or country) Co. Va

12 MAIDEN NAME OF MOTHER Liza Warner

13 BIRTHPLACE OF MOTHER (city or town) Gloucester
(State or country) Co. Va.

Informant Marshal Hall

(Address) 940 W. Franklin St.

JAN 10 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-8-35

17 I HEREBY CERTIFY, That I attended deceased from 4-26-, 1934 to 1-8-, 1935,

that I last saw her alive on 1-6-, 1935

and that death occurred, on the date stated above, at 840 A. m.

The CAUSE OF DEATH* was as follows:

Valvulitis

unknown
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

unknown
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Jno H Cargill, M. D.

1-9-, 1935 (Address) 611 N. Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL:	DATE OF BURIAL
Mt. Zion Cemetery	Jan 12 1935
20 UNDERTAKER	ADDRESS
Chas G. Cooper	914 N. Carey St.

M. D. R 1268-9

08344 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08344

CERTIFICATE OF DEATH

106-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 W. Pratt St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Bossert

(a) Residence: No. 2501 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara C. Bossert

6. DATE OF BIRTH (month, day, year) July 10-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Barbara Bossert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Hechtner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carl Bossert (Daughter)
(Address) 2501 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date JAN 11 1935

19. UNDERTAKER H. B. Hepperton
(Address) 1300 Eutaw Place

JAN 10 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19/34 19 to Jan. 8/35. 19

I last saw him alive on Jan. 8/35. 19 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation.
Duration four months.

Date of onset

Other contributory causes of importance:

Chronic Emphysema.
Duration 4 years.

Name of operation None. Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? NONE.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B U Keller M. D.

(Address) 100 W. Lanwood Ave

M. D. B 1268-9

8345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08345

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Regester St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Kosmicki

(a) Residence: No. 715 S. Regester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of [redacted] Mary Kosmicki

6. DATE OF BIRTH (month, day, year) May 8- 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER'S FATHER

13. NAME Stanislaw Kosmicki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mary Kosmicki
(Address) 715 S. Regester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 1/12 19 35

19. UNDERTAKER William Fiaschetti
(Address) 1618 Eastern Ave

20. FILED ..... 19 Huntington Williams, Supt.

AM 10 1025

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 5 - 35. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 19 34. to Jan 7- 35 19 ....

I last saw h.... alive on Jan 7- 19 35. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a La Grippe	Acc - 31 - 34

Other contributory causes of importance:

Bronchio-Pneumonia	Jan 4, 35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

26. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Francis O'Connor M. D.

(Address) 125 S. Calvary

F 08346

H. D. P. 1268-9

8346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 23 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dan Schultz

(a) Residence: No. 1012 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
? (73+)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

13. NAME Dan Schultz

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Phyllis ?

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Friends (Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date Jan 11 1935

19. UNDERTAKER James L. Scaggs (Address) Greenmount Ave & 25th St.

20. FILED JAN 10 1935 19 (Registrar) Clayton McCauley, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1934 to Jan 7, 1935

I last saw him alive on Jan 7, 1935 Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 hrs
Intoxication	?
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Frazier M. D.

(Address) East City Hosp.

M. D. P. 1208-9

8347 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 08347

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH 1420 N. Gilmor St
CITY OF BALTIMORE: (No. 1420 Balto Md St., 15 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margarette Johnson
(a) Residence: No. 1426 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private House
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Henry Johnson
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Oscar Johnson
(Address) 1420 Gilmore St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 10, 1935
19. UNDERTAKER Thomas E. Helsar
(Address) 1323 Pennsylvania ave
20. Date 1-9-1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9- , 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct 6 , 1934 to Jan 9 , 1935
I last saw her alive on Jan 8 , 1935 Death is said to have occurred on the date stated above, at 2:30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Jan 8/35

Other contributory causes of importance:
Arteriosclerosis, Cardio-vascular, Renal disease
Hemiplegia

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. R. Boykin, M. D.
(Address) 1512 N. Gilmor St

Z. D. B 1268-9

08348

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08348

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE Good Shepard Hosp. 9 St., ... Ward)

Length of residence in city or town where death occurred 12 yrs. 1 mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bluford Smith

(a) Residence: No. 2647 Boone St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write word) Widr.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmal

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Da

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Da

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Victoria Black
(Address) 2647 Boone St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 11 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st

20. FILED ..... 19..... Registrar.

N 10133 ... Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of ... 20

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Luck Coroner, M. D.

(Address) .....

M. D. B. 1268-9

08349 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 08349

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Mount St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Denton

(a) Residence: No. 1714 Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte H Denton

6. DATE OF BIRTH (month, day, year) Apr 17 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l Ind

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rachel Simpson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Tolulla Denton

(Address) 1714 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan. 14, 1935

19. UNDERTAKER Saml. P. Hoge & Son

(Address) 638 N. Gilmor

JAN 10 1935 19 Huntington, W. Va. N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1934 to Jan 6 1935

I last saw him alive on Jan 3 1935 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Wellington Teel M. D.

(Address) 1201 Penna Ave

M. D. B. 1268-9

08350 HEALTH DEPARTMENT—CITY OF BALTIMORE 08350

CERTIFICATE OF DEATH

87-B
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (or Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Lockas
(a) Residence: No. 630 Gold St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marian

6. DATE OF BIRTH (month, day, year) ? 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	? 70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shell worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mill
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

13. NAME Isaac
14. BIRTHPLACE (city or town) (State or country) Calvert Co Md
15. MAIDEN NAME Mathilda Brown
16. BIRTHPLACE (city or town) (State or country) =

17. INFORMANT Records Balt. City Hosp.
(Address)
18. BURIAL, CREMATION OR REMOVAL
Place Mt. Calvert Co Date Jan. 13. 1935
19. UNDERTAKER Saml. W. Chase & Son
(Address) 638 N. Gilmor

20. FILED Jan 14 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7. 1935
22. I HEREBY CERTIFY, That I attended deceased from April 20. 1934 to Jan. 7. 1935
I last saw h[illegible] alive on Jan 7. 1935. Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	>
Paralysis agitans	>
Bronchopneumonia	Term.
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagel M. D.
(Address) Balt City Hosp

F 08351

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08351

CERTIFICATE OF DEATH

49-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? 54 yrs. 2 mos. 24 ds.

2. FULL NAME Louise Sanderson Booze

(a) Residence: No. Homewood Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur F. Booze

7. DATE OF BIRTH (month, day, year) Oct 16 1880

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	2	24	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

11. Date deceased last worked at this occupation (month and year): Dec 1934 | Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

13. NAME of father: H. Cook Sanderson

14. BIRTHPLACE (city or town) (State or country): Balto. Md

15. MAIDEN NAME of mother: Mary Calor

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Mrs Kent Smith (cousin)
(Address): 211 Woodland Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Lindenwood Date: Jan 14 1935

19. UNDERTAKER: Edwards Funeral Co.
(Address): Pennsylvania Ave

20. FILED: 1935 [illegible]

10-935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.9 1935

22. I HEREBY CERTIFY, That I attended deceased from 1.7 1935 to 1.9 1935

I last saw her alive on 1.9 1935 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary carcinoma of breast, left	1.1.30
with bone implantations	
Other contributory causes of importance:	
Myocarditis	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Allison Hurd M. D.

(Address) Union Memorial Hosp

F 08352

F 08352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348 - 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wiener

(a) Residence: No. 4900 Curtis Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Sept 1852

8. AGE: Years 82; Months 4; Days; If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

11. Date deceased last worked at this occupation (month and year):

12. Total time (years) spent in this occupation:

13. BIRTHPLACE (city or town) (State or country): Austria

14. NAME: Andrew Altenstasse

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Eliz. Baule

16. BIRTHPLACE (city or town) (State or country): Austria.

17. INFORMANT: Viola Swabowski friend

(Address): Curtis Bay.

18. BURIAL, CREMATION, OR REMOVAL

Place: Forest Hunt Date: 1/10 '35

19. UNDERTAKER: J. J. Fraley & Son

(Address): 1318 Light St

1/10 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/21, 1934 to 1/6, 1935

I last saw her alive on 1/6, 1935 Death is said to have occurred on the date stated above, at 4:25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Heart block complete	1 yrs.
Arteriosclerosis	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto. City Hosp.

M. D. P. 1089 F 08353

F 08353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 27 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Godbey.

(a) Residence: No. 901 Woodbourne Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 6/4/1851

7. AGE: Years 83 | Months 7 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ireland.

13. NAME of father: William Godbey.

14. BIRTHPLACE (city or town) (State or country): Ireland.

15. MAIDEN NAME of mother: Sarah Manto.

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: D. N. Driver (friend)
(Address) 901 Woodbourne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 1/10 '35

19. UNDERTAKER: J. J. Raby & Son
(Address) 1318 Light St

20. FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/28 1934 to 1/4 1935

I last saw him alive on 1/4 1935 Death is said to have occurred on the date stated above, at 6 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 yrs
Senility	
Emaciation	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Pyatt M. D.
(Address) Balto. City Hosp.

F 08354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Woodyear St. 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Edward C Perry

(a) Residence: No. 1135 Woodyear St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel

10. Date decedent last worked at this occupation (month, year) Sept 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Windsor, N.C.

13. NAME OF FATHER Willie B Perry

14. BIRTHPLACE (city or town) (State or country) Windsor N.C.

15. MAIDEN NAME OF MOTHER Annie Watson

16. BIRTHPLACE (city or town) (State or country) Windsor N.C.

17. INFORMANT Jackson Perry

(Address) 1100 N Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Jan 12 1935

19. UNDERTAKER Joseph A Lucky

(Address) 409 N. Mount St

10 1935 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9th 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th 35 to Jan 9th 35

I last saw him alive on Jan 9th 35 Death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/2/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jas E Bell M. D.

(Address) 718 N. Gilmor St

D. B. 1268-6

F 08355

F 08355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Erdman ave St., 8 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Killian

(a) Residence: No. 2813 Erdman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 15/1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	24 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Miskas

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Shuler
(Address) 2813 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date Jan 12th 1935

19. UNDERTAKER Leo G. Lesoon
(Address) 1723 N Pate Pasadena

FILED JAN 14 1935

Registrar.

0 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner.

(Address) 506 E Fayette

D. B 1268-9

F 08356

HEALTH DEPARTMENT—CITY OF BALTIMORE

08356

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1009 Wilcox St., 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Miller

(a) Residence: No. 1009 Wilcox St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ???

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Jan 10 1935

Place Laurel Cemetery

19. UNDERTAKER

(Address) Huntington Williams, Inc.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at about 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	??

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 548 E ...

M. D. B 1268-9

F 08357

HEALTH DEPARTMENT—CITY OF BALTIMORE

08357

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear of 126 N. Perry St. St. 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Hayes. (C)

(a) Residence: No. Rear of 126 N. Perry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Do not know.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, year) Do not know.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	-------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Marguerite Rogers. (C) cousin.

(Address) 904 S. Sharp St.

BURIAL, CREMATION, OR REMOVAL

Place [illegible] School Date Jan 10 1935

UNDERTAKER

(Address)

Jan 10 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Cortitis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

1/7/35 (Address) 1017 E. Charles St.

M. D. B. 1268-0

✓F 08358

08358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Jay

(a) Residence: No. Sinai Hospital St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 31, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
newborn	—	—	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME William Jay

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Braley

16. BIRTHPLACE (city or town) (State or country) Wash., D.C.

17. INFORMANT Doctor
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan 10 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 1934 to Jan 7 1935

I last saw h— alive on Jan 7 1935 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis Bifida	

Other contributory causes of importance:

Name of operation ..... Date of No.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Jones, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

(08359) F 08359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 E. Federal St. 9 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James W. Smoot.

(a) Residence: No. 1102 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ the late Mary P. Smoot.

6. DATE OF BIRTH (month, day, year) August 4th 75

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	4	2625	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurseries

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wallace Smoot.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Crane

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Ida M. Smoot.
(Address) 1102 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cem. Date 1/12/1935

19. UNDERTAKER John F. Townsley
(Address) 201 S. Eden St.

Filed ... 19... Registrar

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/1935

22. I HEREBY CERTIFY, That I attended deceased from June 20 1934 to Jan 9 1935. Death is said

I last saw ~~him~~ alive on Jan 9 1935. 5:30 A m.

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	
Aortic insufficiency	
Cirrhosis of Liver	Aug

Other contributory causes of importance:

Hypertension

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John A. Fisher M. D.

(Address) 1300 E. Monument St

M. D. B. No. F 08360

F 08360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Weidenfield Court St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Marshall

(a) Residence: No. 4 Weidenfield Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Ho	4?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward Bryan

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward Bryan
(Address) 1631 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Alberg cmetry Date Jan 11. 1935

19. UNDERTAKER Edward Bryan
(Address) 169 Eastern Ave

20. FILED Jan 10 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Dr. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) T. O'Herzog M. D.
Coroner

(Address) 805 E. Fallsway

M. D. B. 12[illegible] F 08361 ✓ F 08361

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 — 82a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 S. Bond St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Mondourney

(a) Residence: No. 106 S. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Mondourney

6. DATE OF BIRTH (month, day, year) Oct 8 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45 46	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME William Allen

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Josephine Allen

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Frank Mondourney

(Address) 106 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Druryann T. Date Jan 15 19 35

19. UNDERTAKER Edward J. Jan

(Address) 163 Orleans St

20. FILED JAN 16 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Jan 8 1935

I last saw h[illegible] alive on Jan 7 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Cancer	

Name of operation None Date of ..... No

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard L. Ensinger M. D.

(Address) 1514 E Baltimore

M. D. B 1268-9

F 08362

08362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 W. Fulton St. 15-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm E. Rowles

(a) Residence: No. 1425 W. Fulton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella E.

6. DATE OF BIRTH (month, day, year) Jan 4 1880

7. AGE — Years 54 — Months 7 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) employed at this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mary A Rowles

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Richards

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Stella Smith

(Address) 1829 E 31st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/11 1935

19. UNDERTAKER Wm Ford

(Address) 1217 E Fayette St

1/10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1935

22. I HEREBY CERTIFY That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on January 9 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Essential

Date of Onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Blair Smith, M. D.
Coroner

(Address) Coroner

M. D. B. 1269

F 08363

294074

F 08363

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Hennish

(a) Residence: No. 2232 Cambridge St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) 5-9-05

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Andrew Hennish

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Ida Kluchammer

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Jan 12, 35

19. UNDERTAKER F W Ozgiewski

(Address) 1931 Eastern Ave

20. FILED ..... 19..... Registrar.

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934 to Jan 8, 1935

I last saw him alive on Jan 8, 1935. Death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1922
Cardiac Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Henry D. Sibbins M. D.

(Address) The Johns Hopkins Hospital.

M. D. P. 1268-9

F 08364

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08364

CERTIFICATE OF DEATH

149B-108.
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Church Home and Infirmary St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Zarachowicz

(a) Residence: No. 235 S. Washington St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julius Zarachowicz

7. DATE OF BIRTH (month, day, year) Feb. 11, 1886

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME (?) Olsen.

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION OR REMOVAL Date Jan 11 1935
Place Holy Rosary F W Bradowski

19. UNDERTAKER Jos Kupiec Sr
(Address)

Registrar

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/7/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-6-35 to 1-7-35

I last saw her alive on Jan. 7 1935. Death is said to have occurred on the date stated above, at 5 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-1-35
Other contributory causes of importance:	

(Normal full term delivery 12-30-34 (not at Church Home and Inf.)

Name of operation Physical Examination Date of

What test confirmed diagnosis? ^ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos. F. Sedlacek M. D.

(Address) Church Home + Infirmary.

F 08365

F 08365

HEALTH DEPARTMENT—CITY OF BALTIMORE

294106

CERTIFICATE OF DEATH

131

Registered No. 1

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ... St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Wanda Chmielewski

(a) Residence: No. 304 S. Collington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stephan

6. DATE OF BIRTH (month, day, year) 11/6/96

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Bernard Rajpanski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rosa ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Peronda
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan. 12. 35

19. UNDERTAKER F W Arnsdorf
(Address) 1900 Eastern Ave

JAN 10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec - 29 . 1934 to Jan - 9 - . 1935

I last saw her alive on Jan 9 . 1935. Death is said to have occurred on the date stated above, at 12.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic Anemia	1 year
Super erythematosus	2 mos
Fever	

Other contributory causes of importance:
Chronic Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Reginald T Stephan . M. D.

(Address) Johns Hopkins Hospital

M. D. F. 1288-0

F 08366

08366 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-D

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward) 7

Length of residence in city or town where death occurred 78 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Bond

(a) Residence: No. 719 N. Broadway, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

DATE OF BIRTH (month, day, year) Nov. 15, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Thomas Bond

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elizabeth Crosby

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT S. R. Mears

(Address) 805 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery 1/11 1935

19. UNDERTAKER Henry W. Mears and Son

(Address) 805 N. Calvert St

20. FILED 1935 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-25-33 . 19 . to 1-9-35 . 19

I last saw him alive on 1-9-35 . 19 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance: Carcinoma of Rectum	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Robert H. Alleson M. D.

(Address) Bon Secours Hospital

Spec.—9-30—A. & Co.—250 Blks

F 08367

08367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Edendale Rd ST. 15 WARD)

2 FULL NAME Richard Clarence Frazier

(a) RESIDENCE NO. 3507 Edendale Road WARD

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 63 yrs. X mos. da. 19 How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W.

5 ~~single~~ Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Frazier

6 DATE OF BIRTH (month, day, and year) Feb 20-1871

7 AGE Years 63 Months — Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor Painting

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (state or country) Balto Md.

PARENTS

10 NAME OF FATHER Richard Frazier

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Makemm

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A

14 Informant Mrs Mary M. Frazier (Address) 3507 Edendale Rd.

15 10 1935 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 9-1935

17

I HEREBY CERTIFY, That I attended deceased from Oct 4, 1934, to Jan 9 1935

that I last saw h in alive on Jan 9 1935

and that death occurred, on the date stated above, at — m.

The CAUSE OF DEATH* was as follows:

Carcinoma of R Lung Probably Primary as to Site Other Sources Could Not Be Found

(Duration) Unknown yrs. mos. da.

CONTRIBUTORY (Secondary) General Carcinomatosis

(duration) Unknown yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & X-ray findings

(Signed) George L. Wiseman M. D.

19 (Address) 4000 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem

DATE OF BURIAL Jan 11-1935

20 UNDERTAKER Fortmann & Sons

ADDRESS

H. D. B 1268-9

B 08368

HEALTH DEPARTMENT—CITY OF BALTIMORE

08368

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital) 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Donal d Leroy Ellis

(a) Residence: No. 410 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 5/34

8. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Frank C. Ellis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Josephine Fousek

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Frank C. Ellis
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Date Jan 11. 1935

19. UNDERTAKER A Few McCully
(Address) 130 E Fort Ave

Jan 10 1935 Registrar.

N

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 9/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Probably Lobar)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. Pullen M. D.
Coroner

(Address) 506 E Monument

M. D. F 1263-9

F 08369

08369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Trumper

(a) Residence: No. 836 Manigold St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 25 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	17	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Conrad Trumper

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs A Fitzsimmons

(Address) 1119 Scott St

18. BURIAL, CREMATION OR REMOVAL

Place Mt Olivet Cem Date Jan 15th 1935

19. UNDERTAKER Towell & Byers Inc

(Address) 2824 Edmondson Ave

JAN 10 1935 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/27 1934 to 1/8 1935

I last saw him alive on 1/7 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Unknown
Gastric Hemorrhage	1/8/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. K. Gastell M. D.

(Address) South Baltimore Gen. Hosp.

AACo. 5-11 2508

F 08370

8370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Letitia ave St., 25 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Elder King

(a) Residence: No. 2004 Letitia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elma W. King

6. DATE OF BIRTH (month, day, year) May 28th 1885

7. AGE: Years 49 | Months 7 | Days 11 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Stock Yards

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER William H. King

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Mary R. Brashwiller

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mrs. Elma W. King
(Address) 2004 Letitia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cemetery Date Jan. 11 1935

19. UNDERTAKER George L. Schmatz
(Address) 212 Frederick Ave.

20. FILED Jan 11 1935 (Registrar)

01935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Jan 8 1935

I last saw him alive on Jan 8 1935 death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

Bulbar Heart disease ? — Date of onset

Other contributory causes of importance:

Myocardial degeneration — 6 mos

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. McKeffer M. D.

(Address) 2470 Madison Blvd

M. D. B. 1268-9

✓ F 08371

08371 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5218 Harford Ave. St., 27 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna Riebesehl

(a) Residence: No. 5218 Harford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Riebesehl

DATE OF BIRTH (month, day, year) April 12, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Kochel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fredericka Weber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Schroetter

(Address) 5218 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Jan 12 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible] 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from Jany 6 . 1935 to Jany 9 . 1935

I last saw her alive on Jany 9 1935 Death is said to have occurred on the date stated above, at 5.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt)	Jany 6

Other contributory causes of importance:

Lobar Pneumonia (Rt)

Name of operation none Date of ✓ No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd city

M. D. B. 1268-9

F 08372

08372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3914 Hamilton Ave. St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David H. Mcleod

(a) Residence: 3914 Hamilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosalie McLeod

6. DATE OF BIRTH (month, day, year) April 2, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Novelties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME David H. McLeod

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Mary A. Simpson

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Rosalie McLeod

(Address) 3914 Hamilton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Jan 11 1935

19. UNDERTAKER John Leeds & Sons

(Address) 2006 Allen

20. FILED ..... 19..... Registrar.

0 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1934 to Jan 9 1935

I last saw h alive on Jan 8 1935 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	2 months
Secondary anemia	6 months
Secondary anemia	

Other contributory causes of importance:

Terminal pneumonia	2 days

Name of operation — Date of —

What test confirmed diagnosis Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Andrews, M. D.

(Address) 4116 Northern Parkway

M. D. B. 1268-9

F 08373

08373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6605 Harford Rd St. 27 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Smick Sr.

(a) Residence: No. 6605 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vina Hicks

6. DATE OF BIRTH (month, day, year) Jan 3rd 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	0	85	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Slate-roofer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Philip Smick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Smick Sr (Address) 6605 Harford Road

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date 1/11 1935

19. UNDERTAKER E. J. Fleming & Son (Address) 1500 E. Lafayette Ave

01935 Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/8/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/4/35 19 to 1/8/35 19

I last saw h alive on 1/6/35 19 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis —	

Other contributory causes of importance: Hypostatic Pneumonia.

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 5103 Harford Rd

M. D. B 1268-9

✓ F 08374

08374 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 - Walnut Ave St. 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary I. Strong

(a) Residence: No. 1005 (Usual place of abode) St. Walnut Ave Ward. .....

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Morris F. Strong

6. DATE OF BIRTH (month, day, year) Sept 1, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Charles F. Fahrender

14. BIRTHPLACE (city or town) (State or country) D.C

15. MAIDEN NAME Mary Acker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis W. H. Busey

(Address) 1005 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Jany 30 19

19. UNDERTAKER Harry H. Weitzel

(Address) 44 & Edmondson Ave

01935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/2 . 1935 to 1/9 . 1935

I last saw her alive on 1/8 . 1935. Death is said to have occurred on the date stated above, at 2 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1/1/35
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alpha H Crowther M. D.

(Address) 4209 - Fredonia Ave.

M. D. P. 1268-9

F 08375

08375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Vogelsang

(a) Residence: No. 12/6 Riverside St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year): March 9, 1870

7. AGE: Years 64 | Months 10 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Henry Vogelsang

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Marion Clark

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Records
(Address): Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Jan. 12 - 35

19. UNDERTAKER: Margaret G Adams
(Address): 2107 N Milton Ave

20. FILED: Washington Williams, Registrar.

JAN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 9, 1935

22. I HEREBY CERTIFY, That I attended / deceased from Jan 8, 1935, to Jan 9, 1935

I last saw h[illegible] alive on Jan 9, 1935. Death is said to have occurred on the date stated above, at 1.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic?	
Myocardial insufficiency	
Cerebral Embolism	1 yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I P Nagel M. D.

(Address) Balt City Hosp

M. D. P. 1268-9

F 08376

08376 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 Regge Ave St., 16 Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary B Kerkentune

(a) Residence: No. 1906 Regge Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of John A Kerkentune

6. DATE OF BIRTH (month, day, year) Sept 8 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) md

13. NAME Anton Kress

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Frances Kershgessner

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mary F Haak (Address) 1906 Regge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Jan 11. 35

19. UNDERTAKER Wilhelm Corbett (Address) 212 N Paca St

Huntington Ave Cemetery, Md

JAN 10 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from '13, 1935 to 1/8, 1935

I last saw h 82 alive on 1/8, 1935 Death is said to have occurred on the date stated above, at 8 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Influenza	
	5 days
Other contributory causes of importance:	
Bronchial Pneumonia	
a plural pleurisy	2 day

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos D Andrews, M. D.

(Address) 1623 E Fort Ave

M. D. P. 1268-9

F 08377

08377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore Co. Hosp. St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Teigler

(a) Residence: No. 722 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William (dead)

6. DATE OF BIRTH (month, day, year) Jan 26 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Morris Albaugh

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Frances Crum

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 12th 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

01935 Huntington Williams, N.Y.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1935

22. I HEREBY CERTIFY That I attended deceased from July 30, 1934 to Jan 10, 1935

I last saw her alive on Jan 10, 1935 Death is said to have occurred on the date stated above, at 3.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertension	?
Myocardial Insufficiency	"
Or congestion Failure	8 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J Phagel, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

08378 ✓ F 08378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., No Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Kuepper.

(a) Residence: No. Balto. City Hosp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Johanna Kuepper.

6. DATE OF BIRTH (month, day, year) 2/25/57.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Cornelius Kuepper.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Wilhemina Felder.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wife. (Address) Luthers Home at Folly acres

18. BURIAL, CREMATION, OR REMOVAL Place Pt. Rawood Date Jan 12th 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. [illegible] 1935 Huntington Williams, Md. Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/17 1934 to 1/10 1935

I last saw him alive on 1/10 1935 Death is said to have occurred on the date stated above, at 3 20/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	7 days.
Other contributory causes of importance: Arteriosclerosis Hypertension	3½ yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

M. D. P. 1268-9

✓ F 08379

08379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., 6 Ward)

BALTIMORE, MD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara A Schroeder

(a) Residence: No. 1919 Jefferson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 1st 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5 yrs

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Maria Fleischman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo Kopper

(Address) 1919 Jefferson st

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 12th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

1935

(If non-resident give State or country to which body is to be removed)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935 to Jan 9 1935

I last saw h[illegible] alive on Jan 4 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia-	1 wk
Chronic Myocarditis-	
Other contributory causes of importance:	
1. Arterio Sclerosis, Enteritis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Maxwell M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. F. No. 08380 F 08380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Goodwood Rd. Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A Birch

(a) Residence: No. 2705 Goodwood Rd, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clinton S Birch

6b. DATE OF BIRTH (month, day, year): Jan 1 1843

7. AGE — Years: 92. Months: 0 Days: 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 00

12. BIRTHPLACE (city or town) (State or country): Centerstown Md.

13. NAME of Father: Emanuel

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME of Mother: Julia Dorsythe

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Julia A Ewalt 2705 Goodwood Rd

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Pk, Date: Jan 13 1935

19. UNDERTAKER (Address): Williams Myth 1217 St Paul St

Jan 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1934 to Jan 10 1935

I last saw her alive on Jan 9 1935. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Debility	
Other contributory causes of importance:	
Age.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ~~Water~~

Nature of injury ~~Shoot~~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter W White Jr. M. D.

(Address) 2800 St Paul St

M. D. H. 1268 F 08381 F 08381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 174

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin A. Luley, Jr.

(a) Residence: No. 2435 Westport Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Morrell A. Luley

DATE OF BIRTH (month, day, year) July 9/1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R R

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Edwin A. Luley

14. BIRTHPLACE (city or town) (State or country) Prince George Co Md.

15. MAIDEN NAME Lillie M. Beall

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md.

17. INFORMANT Morrell A. Duley
(Address) 2435 Westport Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 12th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Jan 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on about 9 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to stab wound of heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Jan 9/35
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place on sidewalk Madison St & Ajax Al
Manner of injury Stabbed with Probably a
Nature of injury pocket knife

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... M. D.
Coroner
(Address) 508 E Monument

M. D. F. 1268-9 F 08382 F 08382

294268

HEALTH DEPARTMENT—CITY OF BALTIMORE

Med

CERTIFICATE OF DEATH

V 107-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Harry Sacks

(a) Residence: No. 715 S. High St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, Divorced (write the word): widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): ? 1879

7. AGE: Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mens Clothing

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Herman Sacks

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Levindale Date: 1/11/35 19

19. UNDERTAKER: Jos. L. Sens & Sons

(Address) 2100 Eutaw Place

20. FILED 1/11/1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JAN 10 1935.

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 . 1935. to Jan 10 . 1935.

I last saw him alive on Jan 10 . 1935 Death is said to have occurred on the date stated above, at 6.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	1909 ?
Emphysema	?
Bronchopneumonia	12/26/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry D. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

M. D. B. 1268-b

F 08383

F 08383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Parkwood Ave St., 13 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Abraham Davidov

(a) Residence: No. 2922 Parkwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr Davidov

(Address) 3228 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date 1/11/35 19

19. UNDERTAKER Levin Funeral Home 1439 E. Baltimore St.

(Address)

20. FILED JAN 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov - 15 1934 to Jan 10 1935

I last saw him alive on Jan 10 1935. Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Jan 1934
Other contributory causes of importance:	
Coronary Thrombosis	Jan 9 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan J. Davidov M. D.

(Address) 3228 Eastern ave

M. D. F. 1264-b

08384

294363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

08384

+24

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Frazier

(a) Residence: No. York Road St., Ward. North Towson.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/8/18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070 Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) (11. Total time (years) spent in this occupation)

12. BIRTHPLACE (city or town) (State or country) Ruth Fraziermd.

FATHER

13. NAME Louis Frazier

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Angelina Ringgold

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Cemetery Jan 1-12 1935

19. UNDERTAKER Benj. Mamie & Wright
(Address) Lake Ave & Elder St Towson Md

20. FILED JAN 11 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan-6th, 1935, to Jan-9, 1935.

I last saw her alive on Jan 9, 1935. Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, lymphocytic, cause undetermined ? Tbc	12/26/34
Other contributory causes of importance:	
Syphilis, treated (spinal fluid Wassermann negative)	12/20/32
Subacute salpingitis	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stubbins M. D.

(Address) The Johns Hopkins Hospital

M. D. P. 1268-9 F 508385.

F 08385

2-1442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 129

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne L. Coker

(a) Residence: No. 224 S. Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/25/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Leon Coker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Lucas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) 884 S. Duncan st

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date January 11th 1935

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1935 to Jan 9, 1935

I last saw her alive on Jan. 9, 1935 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus peritonitis	1-6-35
Other contributory causes of importance:	
Exploratory	

Name of operation 1-8-35 - Laparotomy Date of

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis D. Schwentker M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1068-9 F 08386 B. O. McCleary Mulberry & Payson F 08386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 Harlem Ave 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena M. Wilgar

(a) Residence: No. 2031 Harlem Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of Benjamin Wilgar

6b. DATE OF BIRTH (month, day, year) about 1881

7. AGE: Years 54 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Harry Wilgar

(Address) 2031 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va Date Jan 12 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... ..... Registrar

JAN 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th 1935 to Jan 9th 1935

I last saw h~~e~~r alive on Jan 9th 1935. Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/5/35

Other contributory causes of importance:

Toxemia Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj O McCleary M. D.

(Address) 400 N Payson St.

M. D. F 08387 (Copy of death) F 08387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 209 MM

1. PLACE OF DEATH
CITY OF BALTIMORE: Md Gen Hosp St., 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robt. Babee
(a) Residence: 4 South St Salvation Army Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col'd
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mamie -

6. DATE OF BIRTH (month, day, year): May 17-1903

7. AGE: Years 31 | Months 7 | Days 1920 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER
13. NAME: Albert. Babee
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: Emma Vaughn
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mamie Wallace 1209 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Cem Date: Jan 13. 1935

19. UNDERTAKER (Address): Fotis Williams 1515 McCulloh St

20. FILED ... Registrar.

JAN 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Fractured Skull	
Other contributory causes of importance: Struck by Street Car	

Name of operation ... Date of ...
What test confirmed diagnosis: ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in the following: Accident, suicide, or homicide? Accident Date of injury Jan 6 1935
Where did injury occur? Madison & Hoffman (Specify city or town, county, or state)
Specify whether injury occurred in industry, in home, or in public place ... Struck by street Car
Manner of injury ...
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H Feath M. D.
Coroner
(Address) Coroner

M. D. B. 1268-9

08388

HEALTH DEPARTMENT—CITY OF BALTIMORE 08388

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Plowman St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie V. Lane

(a) Residence: No. 811 Plowman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Dec 31 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Samuel Edwards

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Louise Donalson

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT William Lane
(Address) 811 Plowman St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 14. 1935

19. UNDERTAKER Martin W.C. Dippel
(Address) 37 Penn St.

20. FILED Huntington Ave. Station, Md.
JAN 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 - 1934 to Jan 10 1935

I last saw her alive on Jan 10, 1935 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
a. Congested Heart Failure	1935
b. Chronic Nephritis	1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Anthony F. Lane M. D.

(Address) 244 S. Ellwood Ave

M. D. P. 1268-9

08389 03 HEALTH DEPARTMENT—CITY OF BALTIMORE 08280

2949

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma Hilson

(a) Residence: No. 1314 Mc Cullah St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Black

5. If single, write the word "Single"; if married, widowed, or divorced, write the word: Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Porter S. Hilson

6. DATE OF BIRTH (month, day, year): 9-24-11

7. AGE: Years 23; Months 3; Days 11 13; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lunch Room

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: 2 Months

12. BIRTHPLACE (city or town) (State or country): S. Car

FATHER

13. NAME: David Mc Millan

14. BIRTHPLACE (city or town) (State or country): S Car

MOTHER

15. MAIDEN NAME: Alla Davis

16. BIRTHPLACE (city or town) (State or country): S Car

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date 1/11 1935

19. UNDERTAKER: Bernard O. Stenbley

(Address) 21 E Preston Ave

FILED JAN 11 1935 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1935 to Jan 7 1935

I last saw her alive on Jan 7 1935 Death is said to have occurred on the date stated above, at 6.55 p m.

The principal cause of death and related causes of importance were as follows:

1 Lobar pneumonia — Date of onset 1/5/35

2 Lesion of medulla oblongata, with paralysis of cranial nerves IX and X — July 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry D. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

AACo. 5-31 2'08

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08390 F 08390

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 353 Furrow St. St. 20 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 44 yrs. ... mos. ... ds.

2. FULL NAME Elizabeth - Gross.

(a) Residence: No. 353 Furrow St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Gross.

6. DATE OF BIRTH (month, day, year) Jan. 3rd 1865.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Henry Bender.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Charles Gross.
(Address) 305 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Jan. 12 - 1935.

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED JAN 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th, 1935 to Jan 8th, 1935

I last saw h[illegible] alive on Jan 8th, 1935 death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 7 '35
Hypertension	Few 1931
Chr. Myocarditis	1931.

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Clinical history & findings. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Rufus A. Adams, M. D.

(Address) 2360 Eutaw place.

M. C. P. 1203-9

F 08391

8391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Blake (alias James Green)

(a) Residence: No. 1327 Smithson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer on boat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Fayetteville N C

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Jane Green

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Records Balt. City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 14 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St Baltimore, Md

Huntington Indiana

JAN 11 1935

19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1934 to Jan 10 1935

I last saw him alive on Jan 10 1935 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Gangrene, Left foot	
Cerebral Hemorrhage	1/6

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. P. Magee M. D.

(Address) Balt City Hosp

M. D. R. 1268-0

08392 HEALTH DEPARTMENT—CITY OF BALTIMORE 08392

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 S. East Ave. St., 11-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EDWARD SPRY BURTON

(a) Residence: No. 206 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Mary Theisz Burton

6. DATE OF BIRTH (month, day, year) Sept. 8. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sharp & Dohm Co.

10. Date deceased last worked at this occupation (month and year) Dec. 5. 1934

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Dorchester County Maryland

FATHER

13. NAME William H. Burton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hester A. Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Dedric Every (Daughter)

(Address) 206 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn Cemetery Date Jan. 11. 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

JAN 11 1935 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8. 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st - 35 19 to Jan 8 - 35 19

I last saw h[illegible] alive on Jan 7 - 35 19 Death is said to have occurred on the date stated above, at 8.50 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Softening. — Date of onset [illegible]

Other contributory causes of importance: Cerebral Thrombosis — [illegible]

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Herrman, M. D.

(Address) 2912 E. Baltimore St.

M. D. B 1268-9

08393 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 08393

CERTIFICATE OF DEATH

✓ 164-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Irvine Place St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Adam Jarczewski

(a) Residence: No. 10 Irvine Place St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josefa

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furnaceman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Kolynska Gubernia Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Frances Oryszewski

(Address) W. Lincoln Highway, Coatesville Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Russian Cem Date Jan 11 1935

Morey Run A.A. county

19. UNDERTAKER John M Weber

(Address) 401 E. Chester St

FILED 19 Registrar

JAN 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above at before 11 A. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Asphixiation	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan 10/35

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Gas hose from kitchen cooking stove in mouth

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Wallace Coroner M. D.

(Address) 108 E Front St

M. D. F. 1268-9

18394 HEALTH DEPARTMENT—CITY OF BALTIMORE 18394

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Forrest Park Ave W. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Easton

(a) Residence: No. 2521 Forrest Park ave W. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

6a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Ella Easton

6. DATE OF BIRTH (month, day, year) July 3, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11-28-34

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

MOTHER FATHER

13. NAME Clinton M. Easton

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Annie Laumann

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT M. H Easton

(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem Date Jan. 11 1935

19. UNDERTAKER Easton. Sons

(Address) Ellicott City

AN 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 7- 1935

22. I HEREBY CERTIFY, That I attended deceased from January 5- 1935 to January 7- 1935

I last saw him alive on January 7- 1935 Death is said to have occurred on the date stated above, at 11:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	11-29-34
Other contributory causes of importance: Influenza & Pneumonia	last Known

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

M. D. B 1268-A F 08395

F 08395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: W. Balto. Gen. St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 10 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME John J. Baney.

(a) Residence: No. 513 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth B Baney

6. DATE OF BIRTH (month, day, year) June 9 1879

7. AGE Years 55 Months 7 Days 0 If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cooper - Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston W. Va.

FATHER

13. NAME John J. Baney

14. BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

MOTHER

15. MAIDEN NAME Rebecca Regan

16. BIRTHPLACE (city or town) (State or country) Charleston W. Va.

17. INFORMANT Mr. Arthur Baney
(Address) 3407 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Jan 11, 1935

19. UNDERTAKER J. M. Tickner & Son
(Address) 1 E Fayette St

20. FILED JAN 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on Jan 9 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) V. Elmer Funk Coroner, M. D.
(Address)

M. D. F. 1268-0 F 08396 F 08396

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 13 Ward)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Reynolds

(a) Residence: No. 2346 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Given

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Not~~ Maryland

FATHER

13. NAME Not Given

14. BIRTHPLACE (city or town) (State or country) Not Given

MOTHER

15. MAIDEN NAME Not Given

16. BIRTHPLACE (city or town) (State or country) Not Given

17. INFORMANT Emma West
(Address) 308 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/12/30 19

19. UNDERTAKER Mrs Eugene A. Holland
(Address) 630 Druid Hill Ave

Registered 1930 Filed for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9- 1930

22. I HEREBY CERTIFY, That I attended deceased from 1-7- 1930 to 1-9- 1930

I last saw him alive on 1-9- 1930 Death is said to have occurred on the date stated above, at 1½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Rt Side Lobar Pneumonia	12-24-29

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Cossey M. D.

(Address) Provident Hosp

M. D. B. 1268-9

F 08397 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 08397

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 W Lexington St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie E. Mitchell

(a) Residence: No. 1620 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ? 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Trigon E. Smith
(Address) 2370 Pennsdale

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 11, 1935

19. UNDERTAKER Mrs. George B. Collard
(Address) 1603 Druid Hill Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934 to Jan 9, 1935

I last saw her alive on Jan 5, 1935. Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset
over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Coleman M. D.
(Address) 1037 Eutaw Pl

F 08398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08398

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 S. Stricker St 19 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. Barnes

(a) Residence: No. 432 S Stricker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) March 30 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Erector

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

FATHER

13. NAME Geo M. Barnes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Dunn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Geo Barnes
(Address) 207 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date Jan 12 1935

19. UNDERTAKER Robt C. & B. M. Walters
(Address) N.E. cor Pratt & Stricker Sts

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1934 to Jan 9 1935

I last saw him alive on Jan 9 1935 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Scognetti, M. D.

(Address) 1724 W. Lombard St

M. D. H. 12[illegible]-9

F 08399

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08399

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2209 Arden Road St., 27 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julia Klotz

(a) Residence: No. 2209 Arden Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A Klotz

6. DATE OF BIRTH (month, day, year) Dec 3rd 1873

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
61	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Burmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Phanny Goodman Dent Bron

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo A Klotz

(Address) 2209 Arden Road

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Jan 12th 1935

19. UNDERTAKER Geo Schilling & Sons

(Address) 424-426 E Baltimore St

20. FILED [illegible] 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1935 to Jan 10 1935

I last saw h[illegible] alive on Jan 9 1935 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor Pneumonia	Jan 9

Other contributory causes of importance:

Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Charles D Bells M. D.

(Address) 5216 Pond Pgh 15 [illegible]

M. D. B 1268-9

08400 F 08400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hospital St., 29 Ward)

Length of residence in city or town where death occurred 22 yrs. 8 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Raymond Rock

(a) Residence: No. 3049 Spaulding Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Meat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.K. Products

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME James L. Rock

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Annie Hughes

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT Annie Rock
(Address) 3049 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon P.K. Date 1/17 1935

19. UNDERTAKER Jos McCulley
(Address) 12 E. Lexington

20. FILED JAN 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/10, 1935

Where did injury occur? Reisterstown Rd & Belvedere
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Auto Accident

Manner of injury Auto he was driving

Nature of injury cut & bruised head

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. Edwards Coroner, M. D.

(Address) 220 E Madison St

M. D. B. 1268-9

Hosp. Dr C E Clarke F 08401 Filmed

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08401

CERTIFICATE OF DEATH

1 V 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 S ef Ton St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sherlock H Floyd

(a) Residence: No. 1711 Sefton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Floyd

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer General

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Rube Floyd

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louise H Floyd

(Address) 1711 S Sefton St.

18. BURIAL, CREMATION, OR REMOVAL

Place London PK Date 1/11 1935

19. UNDERTAKER Edward London

(Address) 2309 Wash Blvd

1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1934 to Jan 8 1935

I last saw him alive on Jan 8 1935 Death is said to have occurred on the date stated above, at 430 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Left Kidney	9 days
Other contributory causes of importance: Acute Uremia	5 days

Name of operation None Date of

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify No

(Signed) Charles E. Clark M. D.

(Address) 3214 Parkwood Ave.

M. D. F 1208-9

F 08402

08402 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. ___

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 N Luzerne St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

2. FULL NAME Josephine Konrad

(a) Residence: No. 906 N. Luzerne St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wenceslaus Konrad

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Behenotez

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Konrad (Address) 916 N Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Jan 14 1935

19. UNDERTAKER Francis Grach & Son (Address) 1906 Eastern Ave

FILED JAN 1935 Huntington Ward Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1935 to Jan 10, 1935

last saw h alive on Jan 9 1935 at 3 P.M. Death is said to have occurred on the date stated above, at 3:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Lobar Pneumonia		Jan 7, 35
Acute Cardiac Dilatation	1 day	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M.D.

(Address) [illegible]

M. D. B 1268-9

F 08403

HEALTH DEPARTMENT—CITY OF BALTIMORE

08403

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Picha

(a) Residence: No. 809 N. Rose St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Picha

6. DATE OF BIRTH (month, day, year) Sept 10/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bojanovic Bohemia

FATHER

13. NAME Michael Barborka

14. BIRTHPLACE (city or town) (State or country) Bojanovic Bohemia

MOTHER

15. MAIDEN NAME Anna Posman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Picha

(Address) 809 N. Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 14 19 35

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

20. FILED ... 19 ... Registrar.

JAN 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10/35 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

M. D. F. 1268-9

F 08404

08404 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X V 18

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lyden Hospital

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Length of residence in city or town where death occurred ? yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Callie Hudson

(a) Residence: No. Eldridge, (Md. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Sada Father

6. DATE OF BIRTH (month, day, year) Oct 25, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 12/? 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland Carolina

FATHER

13. NAME Thomas Arnold

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Sarah Hatta

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs. S. Father

(Address) Eldridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place mtrlly M. E. Cemetery Eldridge Md Date Jan 11, 1935

19. UNDERTAKER E. Leroy Stiffler, Inc. 125 E. North Ave.

(Address)

20. FILED JAN 11 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1934 to Jan 10, 1935

I last saw h[illegible] alive on Jan 6 10, 1935. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary thrombosis	12/29/34
Bronchopneumonia	1/9/35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Temperature Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? (illegible) Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Upton Lechman, M. D.

(Address) Lyden Hospital

AaCo. 5-11-34-8 F 08405 F 08405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Augusta Ave St. 20 Ward)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine E. McKenna.

(a) Residence: No. 304 Augusta Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John. McKenna.

6. DATE OF BIRTH (month, day, year) June 19 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
59	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas McKay

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary Leary

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT John McKenna.
(Address) 304 Augusta ave

18. BURIAL, CREMATION, OR REMOVAL. Cathedral Date Jan. 12 1935

19. UNDERTAKER Bernard C. Harder
(Address) 1000 E. Lanvale St.

Huntington, West Virginia, N.Y.

JAN 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1935 to Jan 9 1935

That I last saw h... alive on Jan 9 1935 death is said to have occurred on the date stated above, at 4:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	8 days
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. W. Bandler M. D.

(Address) 4713 Frederick Ave

M. D. P. 1268-9 F 08406 F 08406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Length of residence In city ~~Clerk~~ [illegible] mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clark F Young

(a) Residence: No. 742½ Collin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: (?)

6. DATE OF BIRTH (month, day, year): ~~4/25/1866~~ ~~4/25/1863~~

7. AGE: 68 ~~64~~ | Months: ~~8~~ | Days: ~~11~~ 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): O'wings Mills Md

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT (Address): B C H - Records

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mathews Date: Jan 12 1935

19. UNDERTAKER (Address): Wendel F Wagner 222 S Eden St

20. FILED 19— Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-25 1933 to 1-11 1935

I last saw him alive on 1-10 1935 Death is said to have occurred on the date stated above, at 530 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Fracture neck of Rt femur	18 mo
Other contributory causes of importance: Myocardial failure Arteriosclerosis	? ?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ? 19?

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place accidental Fell upon The Street

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Gordon M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

F 08407

F 08402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 N. Mount St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie L. Brown Billups

(a) Residence: No. 1825 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Billups

6. DATE OF BIRTH (month, day, year) Mar 2 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Richard Brown

14. BIRTHPLACE (city or town) (State or country) a a Co Maryland

MOTHER

15. MAIDEN NAME Martha Burley

16. BIRTHPLACE (city or town) (State or country) a a Co Maryland

17. INFORMANT Mildred Brown

(Address) 1825 N Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 1/13/35 19

19. UNDERTAKER Isaiah Brown & Son

(Address) 126 W Montgomery St

20. FILED JAN 13 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec - 18 1934 to Jan 8 1935

I last saw her alive on Jan 7 1935. Death is said to have occurred on the date stated above, at 5 20 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Chronic

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan Drumheller M. D.

(Address) 122 W Lee

M. D. B. 1268-9

F 08408

F 08408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Anderson

(a) Residence: No. 610 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/28/1913.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miss.

FATHER

13. NAME Walter Anderson.

14. BIRTHPLACE (city or town) (State or country) Miss.

MOTHER

15. MAIDEN NAME Lydia ?

16. BIRTHPLACE (city or town) (State or country) Miss.

17. INFORMANT Samuel Anderson (Cousin)
(Address) above.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Miss. Date 1/11/35 19

19. UNDERTAKER Isaiah L. Burnett Son
(Address) 108 N. Montgomery St

20. FILED 1 1 1935 21. [illegible] Ft. Lauderdale, Fla.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/13, 1934 to 1/6, 1935

I last saw him alive on 1/6, 1935 Death is said to have occurred on the date stated above at 4:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	5 wks
Other contributory causes of importance:	over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9 F 08409 F 08409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V47-B

1. PLACE OF DEATH Baltimore City Hospitals (Tb) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 77 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chris. Washington

(a) Residence: No. 409 N. Fremont ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ettie Washington

6. DATE OF BIRTH (month, day, year) Sept. 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown Steel

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME May Washington

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lanes S C Date 1/11/35 19

19. UNDERTAKER Isaiah L Brown
(Address) 101 W Montgomery

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9 1935

22. I HEREBY CERTIFY, That I attended deceased from December 31 1934 to January 9 1935

I last saw h im alive on January 9 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lung Abscess	Sept 1934
2. Empyema	
3. Malignancy of lung	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Meyer M. Jacobs M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

08410 HEALTH DEPARTMENT—CITY OF BALTIMORE 08410

CERTIFICATE OF DEATH

94-8

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2700 Hugo Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Regina M. J. Fleck

(a) Residence: No. 2700 Hugo Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles F. Fleck

6. DATE OF BIRTH (month, day, year) Apr 29. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mansfield Ohio.

FATHER

13. NAME Robert Weiskotten

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Boetger

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Rudolph J. C. Fleck
(Address) 2700 Hugo Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood. Date Jan 12. 1935

19. UNDERTAKER Mr. & Mrs. John H. Tenfelde Son
(Address) 801 W. Fayette St.

20. FILED JAN 11 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 35 to Jan 9 35

I last saw h[illegible] alive on Jan 9 . 19 . Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis —	
Coronary Thrombosis —	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis Krause, M. D.

(Address) Med Arts Bldg.

Instructions. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

08411

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08411

CERTIFICATE OF DEATH

167

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Mercy Hospital St., 28 Ward)

2-FULL NAME Kasper A. Becker

(a) RESIDENCE NO. 506 Charing Cross Rd. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. 11 mos. 7 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male.	White	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret A. Becker

6 DATE OF BIRTH (month, day, and year) Feb. 3rd 1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	11	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Police Dept
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm. G. Becker

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Bowers.

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Margaret A. Becker
(Address) 506 Charing Cross Rd.

15 Filed 19 Registrar

1935 N

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 10 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound through mouth & caused inj Brain Self Inflicted while insane

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Suicide while insane

(Signed) James M Hinton, M. D.

1/11. 1935 (Address) 706 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral

DATE OF BURIAL 1-14 1935

20 UNDERTAKER Bernard C Harle

ADDRESS 1000 S Eden St

important. See instructions on back of certificate.

M. D. B 1268-9

F 08412

08412 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank White

(a) Residence: No. 137 W Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 22 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	2	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer general.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date Jan 11th 1935

19. UNDERTAKER Joseph A Luckey (Address) 1409 N Mount St

20. FILED JAN 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18. 1934 to Jan 8. 1935.

I last saw alive on Jan 8. 1935. Death is said to have occurred on the date stated above, at 10:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy & effusion	8 mo.
Tuberculosis	
Other contributory causes of importance:	unk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I P Magruder, M. D.

(Address) Balt City Hosp.

This certificate is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08413

08413 HEALTH DEPARTMENT—CITY OF BALTIMORE

108-14 b

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Phillips

(a) Residence: No. 606 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~ Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~wife~~ of John W. Phillips

6. DATE OF BIRTH (month, day, year): Not given

7. AGE — Years: 26 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Not given

14. BIRTHPLACE (city or town) (State or country): Not given

MOTHER

15. MAIDEN NAME: Not given

16. BIRTHPLACE (city or town) (State or country): Not given

17. INFORMANT (Address): John W. Phillips 606 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 12, 1935

19. UNDERTAKER: Mrs Nate R. Williams
(Address) 322 N Schroeder St.

20. FILED 1 1 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/10/35

22. I HEREBY CERTIFY, That I attended deceased from 1-2-35 to 1-9-35

I last saw her alive on 1-9-35. Death is said to have occurred on the date stated above, at 12 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lobar Pneumonia (Bt)	1-1-35
Other contributory causes of importance: Post partum hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) H. R. Casey M. D.

(Address) Provident Hosp.

M. D. B 1268-9

✓ F 08414

08414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Phillips.

(a) Residence: No. 606 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3-1935

7. AGE Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.
Less than 1 day

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. Phillips

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel Lee Sweeting

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Solomon W. Phillips
(Address) 606 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 12, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED ..... 19..... Registrar.

JAN 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd, 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on January 3rd, 1935 at 8 a.m. p.m. and death, as said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Premature birth. | Interval between onset

Other contributory causes of importance:

Time of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
(Accident, suicide, or homicide?) Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... Coroner. M. D.

(Address)

M. D. F. 1268-9

F 08415

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08415

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene Sts. Ward) Lafayette

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward C. Keating

(a) Residence: No. 4411 Wentworth Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabel A. Keating

6. DATE OF BIRTH (month, day, year) Jan 23 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Harold J. Keating

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara M. Burkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs Isabel A Keating 4411 Wentworth Road

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Jan 12 1935

19. UNDERTAKER (Address) Chas. F. Brackbon 11 E. Fort Roger Ave

ANT 1935

20. FILED Jan 12 1935 Huntington Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1934 to 1-9 1935

I last saw him alive on 1-2-35 Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	12-30-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert W Jan M. D.

(Address) University Hospital

08416

HEALTH DEPARTMENT—CITY OF BALTIMORE 08416

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catherine L. Fahey

(a) Residence: No. 200 Withers Woon (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. J. E. Fahey

6. DATE OF BIRTH (month, day, year) March 31/1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39.	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joe W. Stack

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Elizabeth Neville

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Dr. Fahey

(Address) 200 Withers Woon Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan 12, 1935

19. UNDERTAKER Chas. F. Grant & Son

(Address) Belmont & Loyal Oak

20. FILED ..... 19 ..... Registrar

APR 1 1935 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9— 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1935 to Jan. 9 1935

I last saw h[illegible] alive on Jan. 9 1935 Death is said to have occurred on the date stated above, at 7:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus, Type I. Left side. —	7 days

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) W. M. Magenheller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. R. 1268-9

F 08417

08417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4408 Cooke Ave., St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Knauer, Sr.,

(a) Residence: No. 4408 Cooke Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Knauer

6. DATE OF BIRTH (month, day, year) Aug. 31, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Simon Knauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Peter Knauer
(Address) 2861 Lake Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan. 14 1935

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Road

20. FILED 1-15-35

11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1933 to Jan 9, 1935

I last saw h[illegible] alive on Jan 9, 1935 Death is said to have occurred on the date stated above, at 11-0 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Genital	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J S Hardesty, M. D.

(Address) 4810 Belair Rd.

M. D. F. 1268-9

F 08418

F 08418 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 461 r Frankford Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert F. Lentz

(a) Residence: No. 461 r Frankford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2 2 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Lentz

14. BIRTHPLACE (city or town) (State or country) Germany Baltimore Md

MOTHER

15. MAIDEN NAME Lizetta Yaeckel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles E. Lentz

(Address) 461 r Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL

Name Loudon Cathedral Date 1/12/35

19. UNDERTAKER Leonard Bluhy

(Address) 1350 Frankford Ave

20. FILED JAN 11 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1934 to Jan 10, 1935

I last saw h. alive on Jan 10, 1935 Death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Cerebral Sclerosis & Hypertension

Name of operation Date of —

What test confirmed diagnosis? — Was there an autopsy? —

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John A. Schmick M. D.

(Address) 1337 S. Charles St.

SEE INSTRUCTIONS ON BACK OF CERTIFICATE

M. D. R. 1268-9

08419 F 08419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Ridgecroft Road 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reynolds B. Hazelwood

(a) Residence: No. 4008 Ridgecroft Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora K. Hazelwood

6. DATE OF BIRTH (month, day, year) Aug. 3rd 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Street Railways

10. Date deceased last worked at this occupation (month and year): Jan. 10 1935

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown Virginia

FATHER

13. NAME: Reynolds B. Hazelwood

14. BIRTHPLACE (city or town) (State or country): Unknown Unknown

MOTHER

15. MAIDEN NAME: Martha A. Richardson

16. BIRTHPLACE (city or town) (State or country): Unknown Virginia

17. INFORMANT: Dora K. Hazelwood

(Address) 4008 Pimlico Ave.

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Cemetery Date Jan. 14 1935

19. UNDERTAKER: Frederick Peabody Sons

(Address) 1700 Eutaw Place

JAN 11 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1934 to Jan 11 1935.

I last saw him alive on Jan 1 1935. Death is said to have occurred on the date stated above, at 2a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Acute Cardiac Dilatation	1/11/35

Other contributory causes of importance:

Terminal Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Bruce M. D.

(Address) 1812 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-6

08420 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 08420

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4000 Pinewood ave St., 27 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry F. Goedeke

(a) Residence: No. 4000 Pinewood ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J. Goedeke

6. DATE OF BIRTH (month, day, year) June 23 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman Eight Yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 16 Yrs

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER FATHER

13. NAME Frank Goedeke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Walz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine E. Hogarth

(Address) 4000 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Jan 12, 1935

19. UNDERTAKER Frederick Leuthardt

(Address) 7401 Belair Road

20. FILED ... 19... ... Registrar

JAN 11 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1931 to Jan 9 1935

I last saw h... alive on Jan 8 1931. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	1931
Other contributory causes of importance:	
arteriosclerosis	1910

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 08421

08421 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital Redwood & Greene St., 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto F Kirner Jr

(a) Residence: No. 214 S. Vincent St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Oct 6 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Otto F Kirner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hurley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Otto F Kirner
(Address) 214 S Vincent St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. Date 1/12 1935

19. UNDERTAKER Joseph A Farley
(Address) Fulton Ave & Lafayette

20. [illegible] Registrar.

1 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1935, to 1-10, 1935

I last saw him alive on 1-10, 1935 Death is said to have occurred on the date stated above, at 2 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - bilateral	1-7-35
Other contributory causes of importance:	none

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert W Farr, M. D.

(Address) 1-13-35

M. D. B. 1268-9

F 08422

08422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1209 S. Baylis St., 76 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Stucca Petroniero

(a) Residence: No. 1209 S. Baylis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincenzo Petroniero

6. DATE OF BIRTH (month, day, year) April 10, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Leonardo Stucca

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Petroniero

(Address) 1209 S. Baylis st

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 12, 1935

19. UNDERTAKER Frank N. Pikitone

(Address) 281 E. Baltimore st.

Registrar.

1-1-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1934 to Jan. 9, 1935

I last saw her alive on Jan. 9, 1935. Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis	Nov. 11/34
Cerebral Hemorrhage	

Other contributory causes of importance:

Cerebral Hemorrhage	Nov 11/34

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip Artigiani M. D.

(Address) 2942 Eastfield

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 08423

HEALTH DEPARTMENT—CITY OF BALTIMORE

08423

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2628 Gold Spring Lane St. 15/3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert R. Jordan

(a) Residence: No. 2628 Gold Spring Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine M. Jordan

6. DATE OF BIRTH (month, day, year) October 22, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Solicitor

10. Date deceased last worked at this occupation (month and year) 1/3/35

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Jordan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mollie Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Catherine M. Jordan

(Address) 2628 Gold Spring Lane.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral. Date 1/14, 1935

19. UNDERTAKER Vernon Lemmon

(Address) 4611 Park Heights Ave

Huntington Ave Pleasant Nye

1-11-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 4, 1935 to January 10, 1935

I last saw h[illegible] alive on January 10, 1935 Death is said to have occurred on the date stated above, at 11 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1/4/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08424

F 08421 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1510-14 N. Gilmore St., 17-3 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilson Dyson

(a) Residence: No. 810 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Widower

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 8/11/1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
76	76	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (on Street)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5-[illegible]

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) St Mary Co, Maryland

FATHER

13. NAME Samuel Dyson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Nellie ? (Dyson)

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Father Rice
(Address) 1526 N. Fremont ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catheral Cemetary Date Jan 12, 1935

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Presstman St

20. Filed [illegible] 12 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1935, to 1/10, 1935.

I last saw him alive on 1/10, 1935. Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	5 years
Chr. Nephritis	Undetermined
Chr. Myo Carditis	
Advanced Arteriosclerosis	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carson C. Johnson M. D.

(Address) 2032 Baker

M. D. B. 1268-9

08425 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 08425

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. Hughes

(a) Residence: No. 5108 Walther Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Hughes

6. DATE OF BIRTH (month, day, year) Dec. 19, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Lehmuth

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rena Dawson

16. BIRTHPLACE (city or town) (State or country) Vaginia

17. INFORMANT Charles Lehmuth (Brother)

(Address) 5108 Walther Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem, Date Jan. 12, 1935

19. UNDERTAKER George Ruth Funeral Home

(Address) 235 Harford Ave

20. FILED 1 21 1935 Hamilton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 19 to Jan 9, 19

I last saw h alive on Jan 7, 19 Death is said to have occurred on the date stated above, at 8:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Broncho Pneumonia	
Coronary Thrombosis	

Other contributory causes of importance:

died at home

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M Denton Coroner, M. D.

(Address) 7006 Charles

Spec—9-30—A. & Co—250 Bks

F 08426 ✓ F 08426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 W Lexington St. 19 WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Shotton Tucker

(a) RESIDENCE NO. 1314 W Lexington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? 87 yrs. 11 mos. 27 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Marcelle Tucker

6 DATE OF BIRTH (month, day, and year): Jan 14 1852

7 AGE — Years: 82 — Months: 11 — Days: 27-6 — If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto. Maryland

PARENTS

10 NAME OF FATHER: Saml Tucker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Catherine Shotton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs Helene Tucker (daughter)
(Address) 1801 N Calvert St

15 Filed ... 2 1935 ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10 1935

17

I HEREBY CERTIFY, That I attended deceased from Jan 7, 1935, to Jan 11 1935

that I last saw h[illegible] alive on Jan 10 1935

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia-Bronchopneumonia
Endocarditis.

Pneumonia (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination of Lungs

(Signed) A E Plumb M. D.

19 (Address) 1734 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Jan 12 1935

20 UNDERTAKER: Stewart & Monroe — ADDRESS: 108 W Mt. St.

IMPORTANT. See instructions on back of certificates.

M. D. P. 1268-9

F 08427

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08427

46-3

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Fremont St. 17 Ward)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 65 yrs. 0 mos. 0 ds.

2. FULL NAME John Adam Ritter

(a) Residence: No. 2906 Fremont St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Belle Ritter

6. DATE OF BIRTH (month, day, year) Aug-20-1852

7. AGE: Years 82 | Months 4 | Days 2/20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date decedent last worked at this occupation (month, day, year) Jan 1934

11. Total time (years) spent in this occupation 38 yrs

12. BIRTHPLACE (city or town) (State or country) Cassell Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Wurtemburg

17. INFORMANT Clarence Ritter (son)
(Address) 2987 Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan 12 1935

19. UNDERTAKER Stewart & Company Co.
(Address) 1810 Park Ave.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 , 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3 , 1934 to Jan 10 , 1935

That I last saw alive on Jan 10 , 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	July 1934
Other contributory causes of importance:	Unknown

Name of operation None Date of

What test confirmed diagnosis? Personal Observation. Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. Conrad Bailey , M. D.

(Address) 1923 Maryland Ave.

Do not write in this space. See instructions on back of certificate.

114335

M. D. H. 1268-9

F 08428

08428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Eversley Ave. St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Hymes

(a) Residence: No. 3609 Eversley Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late John J. Hymes

6. DATE OF BIRTH (month, day, year) Oct. 25, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlisle, Pa.

FATHER

13. NAME Daniel B. Kieffer

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ann Elizabeth Hoover

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Hans Rohman

(Address) 3609 Eversley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date Jan. 12, 1935

19. UNDERTAKER Harry A. Mutch

(Address) 1711 W. Fay.

20. FILED Jan 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934 to Jan 9, 1935.

I last saw h alive on Jan 9, 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2
Arteriosclerosis	2
Interstitial Hemorrhage	1/5/35
Pulmonary Oedema	1/7/35
	1/7/35
	Acute

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James H. Luzenberg M. D.

(Address) 1721 Madison Ave

M. D. R. 1268-9

08429 F 08429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 Harlem Ave. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Bennett

(a) Residence: No. 2322 Harlem Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Bennett.

6. DATE OF BIRTH (month, day, year) Aug. 25, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Lot Nicholson

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Louisa Johnson

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Sarah M. Brown,
(Address) 2322 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Date Jan. 12, 19

19. UNDERTAKER Harry E. Lutzke
(Address) 2401 Pennsylvania Ave.

20. FILED 1-12-1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 13, 1932 to Jan. 10, 1935

I last saw her alive on Jan. 10, 1935 Death is said to have occurred on the date stated above, at 4:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis arteriosclerosis	10-13-32
Pleurisy	1-7-35
Acute cardiac dilatation	1-7-35

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) Henry A. Otten, M. D.

(Address) 120 W. Fayette St.

(See instructions on back of certificate. Accuracy is very important.)

M. D. B. 1-65-0

F 08430

08430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Grantley St. St., 16 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Snider

(a) Residence: No. 717 Grantley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of Elizabeth Snider (nee Lee)
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. machine shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Snider

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Elizabeth Snider
(Address) 717 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Pk. Cem. Date Jan. 12, 1935

19. UNDERTAKER Henry Rentzel
(Address) 6101 Hamilton Ave.

Registrar.

12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to January 9, 1935

I last saw him alive on January 7, 1935 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia. (Terminal) — Date of onset June 5, 1934

Other contributory causes of importance:

myocarditis — June 1, 1934

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Lally, M. D.

(Address) 3517 Edmondson Ave.

M. D. H. 1268-9

F 08431

08431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Lakewood ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma C Loechel

(a) Residence: No. 819 N. Lakewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Loechel

6. DATE OF BIRTH (month, day, year) May 13, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Frederick C. Willand

14. BIRTHPLACE (city or town) (State or country) Bucyrus, Ohio

15. MAIDEN NAME Elizabeth Handel

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Tom Loechel

(Address) 819 N. Lakewood

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 14 35

19. UNDERTAKER Harry H. Wittle

(Address) 2401 Edmondson Ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1-1934 to Jan. 11-1935

I last saw her alive on Jan. 11-1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Abt 6-1-33
Other contributory causes of importance:	
Cardiac Paralysis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Rydzewski M. D.

(Address) 801 N. KENWOOD AVENUE

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-0

✓ F 08432

F 08432 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 E 32nd St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Emma Rauschenbach

(a) Residence: No. 1703 E. 32nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Rauschenbach

6. DATE OF BIRTH (month, day, year) May 8/1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME — Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lena Frank

(Address) 1703 E 32nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 1/14/35 19

19. UNDERTAKER Philip Henrig Sons

(Address) 2816 Orleans St

26. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1934 to Jan 11 1935

I last saw her alive on Jan 11 1935 Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia — (Chronic nephritis)	1/6/35
cardio-vascular-renal —	12 yr.
Other contributory causes of importance: arteriol (hypertension	10 yr.
mitral & aortic insufficiency	(5 yr.)

Name of operation — Date of

What test confirmed diagnosis urinal exam Was there an autopsy? 0-

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Grumeen M. D.

(Address) 722 N. Glenwood

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. F. 1268-9

✓ F 08433

08433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4500 Arabia Av St. 77 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? 73 yrs. mos. ds.

2. FULL NAME Frederick Krumrein

(a) Residence: No. 4500 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Augusta J. Krumrein

6. DATE OF BIRTH (month, day, year): July 23/1842

7. AGE: Years 92 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Chas. Krumrein

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mettinger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Chas. W. Nagle

(Address) 4500 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 1/12/35 19

19. UNDERTAKER: Philip Henrigs Sons

(Address) 2016 Orleans St

1/12 1935 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Jan 9, 1935

I last saw him alive on Jan 9, 1935 Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic Myo cardi tis	1/5/35.
arteio-sclerosis —	60 yrs
Other contributory causes of importance:	
cardio - vascular - renal	10 yrs
chr. nephritis —	10 yrs
enl. prostate —	5 yrs.

Name of operation — Date of —

What test confirmed diagnosis? usual phys; Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumrein M. D.

(Address) 722 No. Homewood Ave

M. D. F. 1268-9

✓ F 08434

08434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Madison St., 7 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Magdalen Baker

(a) Residence: No. 2305 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John L Baker

6. DATE OF BIRTH (month, day, year) June 3-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Thum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Bolger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John L Baker
(Address) 2305 Madison

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 1/12/35 19...

19. UNDERTAKER Philip Hennig Sons
(Address) 2416 Eutaw Pl.

FILED JAN 12 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933 to Jan 10, 1935.
I last saw her alive on Jan 10 1935. Death is said to have occurred on the date stated above, at 10 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Sclerosis	3 yrs

Other contributory causes of importance:

Cerebral Hemorrhage	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edward F Cook M. D.

(Address) 413 E Lexington St.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08435

F 08435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 E. Preston St., 8 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Susanna Wolf

(a) Residence: No. 1717 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of Andrew Wolf

6. DATE OF BIRTH (month, day, year) November 11 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Mr. Trautner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Euniginda Tamaska

(Address) 1717 E Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 14 1935

19. UNDERTAKER Harry Lee Hynes, Inc.

(Address) 1241 E Baltimore St

20. FILED JAN 21 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from December 28 1934 to Jan. 10 1935

I last saw her alive on January 9 1935 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis

Contributory causes of importance: Cardiac insufficiency due to advanced age

Date of onset
12/28 1934
Last winter
Many winters
For years

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Charles H. A. Meyer M. D.

Office (Address) 1031 N. Caroline St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 08436

08436 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N Central Ave., 5 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hester Felton

(a) Residence: No. 430 N Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	~~Married~~ Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
appx 44	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Katie Brooks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Josephine Felton (daughter) 430 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemt Date Jan 12. 1935

19. UNDERTAKER (Address) 131 Henrietta St

20. M. D. Huntington Williams

1-12-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1934 to Jan 9 1935.

I last saw h[illegible] alive on Jan 9 1934 Death is said to have occurred on the date stated above, at 6.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis	Dec 30 1934
& Uremia	

Other contributory causes of importance:

Hypertension	
Diabetes Mellitus	1926

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

F 08437

F 08437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 97

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 W. Saratoga St ST., 4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Jane White

(a) RESIDENCE NO. 402 W Saratoga St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm J. White

6 DATE OF BIRTH (month, day, and year) Dec 20-1855

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79		20 21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER James Oswald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ann Dolan

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Mr B.A. Watthauer

(Address) 5009 Glendale Ave

15 Filed ..... 19 ..... Registrar

12 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/11/35

17 I HEREBY CERTIFY, That I attended deceased from 12/1, 1934, to 1/14/35, that I last saw h alive on 1/11/35, 19, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Asteria - Sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hayle W. Golley, M. D.

, 19 (Address) 5103 Harford Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Jan. 14 1935

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

Important. See instructions on back of certificates.

M. D. F 1268-9

F 08438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08438

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lottie Lenthay

(a) Residence: No. 720 Penna Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Fanno Whitsett
(Address) 720 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 1-12 1935

19. UNDERTAKER Isaac A. Hensley
(Address) 578 W Biddle St

20. FILED ..... 19 ..... Registrar

JAN 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days

Other contributory causes of importance:

Name of operation Regular Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Leo Kirk M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 08439

08439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

68

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Argyle Av St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Mary A. Jones.

(a) Residence: No. 926 Argyle Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, year):

7. AGE: 73 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

FATHER

13. NAME: Benj Gaither.

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Fairview Hawkins

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Elizabeth Matthews

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem Date 1-13 . 1935

19. UNDERTAKER: Francis A. Hemsley

(Address) 578 W Fayette St

20. FILED: Huntington Williams, Reg

Registrar.

N 121935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 . 1934 to Jan 10 . 1935

I last saw her alive on Jan 10 . 1935 Death is said to have occurred on the date stated above, at 12P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addisons Disease	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. McCord M. D.

(Address) 2024 Druid Hill Av

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

F 08440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08440

CERTIFICATE OF DEATH

146-130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 2 1 1

Length of residence in city or town where death occurred 15 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Pender.(C)

(a) Residence: No. 512 N. West St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, HUSBAND of (or) WIFE of: Do not know.

6. DATE OF BIRTH (month, day, year): April 24, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia.

FATHER

13. NAME: Edward Holland.(C)

14. BIRTHPLACE (city or town) (State or country): Virginia.

MOTHER

15. MAIDEN NAME: Agnes Thomas.(C)

16. BIRTHPLACE (city or town) (State or country): Virginia.

17. INFORMANT: Agnes Stanley.(C) mother.
(Address) Route 2, Box 83 McKenney, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/12/35 19

19. UNDERTAKER: Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED ..... 19 .....
JAN 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 8, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis, Uraemia.	
Pregnancy.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

1/11/35 (Address) 1017 E. Charles St.

Occupation is very important. See instructions on back of certificate.

M. D. B. 1268-8

F 08441

08441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1323 Caton Avenue St. 25 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert F. Reitterer

(a) Residence: No. 1323 Caton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida May Reitterer

6. DATE OF BIRTH (month, day, year) Oct. 8, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Route

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Theodore H. Reitterer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ida May Reitterer

(Address) 1323 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan. 12, 1935

19. UNDERTAKER J. R. Rupert & Son

(Address) 130 Caton Ave

20. FILED 12 1935 19 Registrar. 14

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1935 to Jan 9 1935

I last saw him alive on Jan 9 1935 Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	Dec 28
Other contributory causes of importance:	
Lobar pneumonia	Dec 31

Name of operation Date of

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Kryger M. D.

(Address) 3321 Fenhills Ave

M. D. F. 1268-9

F 08442

08442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 W. Lafayette Ave 16 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgie Keys

(a) Residence: No. 1328 W Lafayette Ave St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of James H. Keys

6. DATE OF BIRTH (month, day, year) Jan 15 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King & Queen Co Va

FATHER

14. NAME Delaware Seager

15. BIRTHPLACE (city or town) (State or country) King & Queen Co Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) King & Queen Co Va

17. INFORMANT Esther Rice

(Address) 1326 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 14, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 1 Lafayette St

Huntington Williams Undertaker

Registrar.

JAN 12 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1934 to Jan 10, 1935

I last saw her alive on Jan 9, 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
(a) Pulmonary Tuberculosis	2 Yrs	1934
(b)		
(c)		
(d)		

Other contributory causes (if important)

Bronchial Pneumonia

& Heart Weak

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

21. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Ellis M. D.

(Address) 924 Madison Ave

M. D. B. 1268-9

F 08443

HEALTH DEPARTMENT—CITY OF BALTIMORE

08443

CERTIFICATE OF DEATH

+ V 82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: No. 2nd Gen Hosp St. 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Mabel Schaeffer

(a) Residence: No. 803 W. Pine St. St. Ward.
(Usual place of abode) Hyattsville Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Schaeffer
6. DATE OF BIRTH (month, day, year) Aug 25 1879
7. AGE Years 42 Months 5 Days 9 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER
13. NAME Chas H. Earle
14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER
15. MAIDEN NAME Sarah H. Rouse
16. BIRTHPLACE (city or town) (State or country) Gilboa Pa

17. INFORMANT Harry Schaeffer
(Address) 803 W. Pine St Hyattsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Hyattsville Mema Date 1/12 .35

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation Regular Date of ...
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Kirk Coroner M. D.
(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. 1268-A

08444

HEALTH DEPARTMENT—CITY OF BALTIMORE

08444

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2811 Hilldale Av (Ward) 5

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos H. E. Roe

(a) Residence: No. 2811 Hilldale Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anne —

6. DATE OF BIRTH (month, day, year) Aug 21 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) employed at this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Roe

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Ann Roe

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John E. Roe
(Address) 2811 Hilldale Av

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Jan 14th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on Jan 9 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cystitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Funk, M. D.
Coroner

(Address) Huntington Williams, MD

JAN 12 1935

OCCUPATION is very important. See instructions on back of certificate.

F 08445

F 08446

STATE OF MARYLAND—CERTIFICATE OF DEATH

✓ 11-a

1. PLACE OF DEATH

County City of Baltimore — Registration Dist. No.

Village or City — No. 4406 Gratia Ave — St. — 27 — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia E. Coughlin

(a) Residence: No. 4406 Gratia Ave. St. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E Coughlin

6. DATE OF BIRTH (month, day, and year) Oct. 9 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Louis Lawrence

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia E. Eyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Anderson

(Address) 4406 Gratia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 12, 1935

19. UNDERTAKER John E Connelly

(Address) Essex Md.

20. [illegible] 19 [illegible] Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 9th 1935 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 - 1935 to Jan 9 - 1935

I last saw her alive on Jan 9 - 1935; death is said to have occurred on the date stated above, at 4 05 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	1-6-35
Other Contributory Causes of importance:	
Influenza	1-3-35

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. F. Gorsuch M.D.

(Address) Hayward Rd. Govanstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

M. D. P. 1268-9

F 08446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08446

CERTIFICATE OF DEATH

✓ 161-a

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Female Kuhn

(a) Residence: No. 1530 Ellamont Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 10, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ... (State or country) Md

FATHER

13. NAME Mr Jerome Kuhn

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Julia Kuhn

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Rev F. X. Fischer

(Address) 31 Edmondson Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 1/12/35, 19

19. UNDERTAKER J. Joseph Raine

(Address) 1318 Light

20. FILED 1-12-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Jan 11, 1935

I last saw her alive on Jan 11, 1935. Death is said to have occurred on the date stated above, at 11½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Atelectasis	at birth
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert H. Ellison, M. D.

(Address) Bon Secours Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1768-9

E 08447

08447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. 6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Lindner

(a) Residence: No. 163 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Michael Lindner

6. DATE OF BIRTH (month, day, year): June 11-1906

7. AGE: Years 28 | Months (?) | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: (?)

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: (?)

16. BIRTHPLACE (city or town) (State or country): Balto City Hospt

17. INFORMANT (Address): Records

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date Jan 14 1935

19. UNDERTAKER: Lilly & Feiler Inc. (Address) 403 N Wolfe St.

20. FILED: Jan 14 1935 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-2-1935 to 1-10 1935

last saw her alive on 1-10 1935 Death is said to have occurred on the date stated above, at 11:35 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	(?)

Other contributory causes of importance:

Malnutrition
Secondary Anemia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Ruth M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

8

M. D. B 1268-9

08448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08448

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 E Madison St., 10 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Thomas

(a) Residence: No. 608 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Clarence Wells
(Address) 926 E Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 1/12 1935

19. UNDERTAKER Rayner Sanders
(Address) 1413 E Preston St

20. FILED JAN 12 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Jan 8, 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/2 d
Other contributory causes of importance:	
influenza	6 d

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) James M Hanlon M. D.
Coroner

(Address) 700 E Chase

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

08449

HEALTH DEPARTMENT—CITY OF BALTIMORE

08449

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., 17 Ward)

Length of residence in city or town where death occurred 34 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. H. Webster Crowl (Catherine)

(a) Residence: No. 3101 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Webster Crowl

6. DATE OF BIRTH (month, day, year) Nov 23 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Meiser

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Geniva Watts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Annie M Crowl
(Address) 3602 Windsor Mill Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 12 1935

19. UNDERTAKER John A. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED JAN 12 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1935 to Jan. 10 1935

I last saw her alive on Jan 10 1935. Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type II.	1-5-35
Other contributory causes of importance: Paralytic ileus	1-9-35

Name of operation None Date of ...

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Charles L. Cooley M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. R. 1268-2

F 08450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08450

CERTIFICATE OF DEATH

82-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Penna Ave St. 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Evans

(a) Residence: No. 1308 Penna Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter none

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va

FATHER

13. NAME Walter Bee

14. BIRTHPLACE (city or town) (State or country) North Thumberland VA

MOTHER

15. MAIDEN NAME Harett Bee

16. BIRTHPLACE (city or town) (State or country) North Thumberland VA

17. INFORMANT Henratt Harris

(Address) 1303 Pennsylvania ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date Jan 20th 1935

19. UNDERTAKER Eley Wilson

(Address)

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 7. 1935 to January 11. 1935

I last saw her alive on January 10. 1935 Death is said to have occurred on the date stated above, at 12-20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Edward E. Wagner M. D.

(Address) 627 Lafayette

F 08451

M. H. R. 2683

F 08451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Clara Mitchell (Clara Grace Mitchell)

(a) Residence: No. 736 W Fayette St St., Ward Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward S Mitchell

6. DATE OF BIRTH (month, day, year) March 19 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Irvin R Nutter

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Katherine Little

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs Clara E Nutter

(Address) Wilmington Del.

18. BURIAL, CREMATION, OR REMOVAL Wilmington Del

Place Fairview Cem. Date Jan 15 1935

19. UNDERTAKER Wm J Lefevre & Son

(Address) Groth & Co

20. FILED JAN 13 1935 Thurlington Nicholas, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-7 1935 to 1-11 1935

I last saw her alive on 1-11 1935 Death is said to have occurred on the date stated above, at 10:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Pulmonary edema	

Other contributory causes of importance:

otitis media (suppurative)
Bacteremia

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J. K. Adams M. D.

(Address) Univ. Hospital

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of cause of death in plain terms, so that it may be properly classified.

M. D. B. 1208-B F 08452

F 08452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Snavely

(a) Residence: No. 812 D St., Ward. Sparrows Point Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Caroline Snavely

6. DATE OF BIRTH (month, day, year) August 28, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pennsylvania

MOTHER

13. NAME Henry Snavely

14. BIRTHPLACE (city or town) (State or country) Lebanon Pa.

FATHER

15. MAIDEN NAME Sarah Dugan

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Jan 14th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

FILED JAN 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from December 3 1934 to Jan 12 1935

I last saw him alive on Jan. 12 1935 Death is said to have occurred on the date stated above, at 5⁰⁰ AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected foot, right ⁹/₄ Septicemia	1 month +
Diabetes Mellitus	14 mos +
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Amputation of Thigh, rt. Date of Jan 5, '35

What test confirmed diagnosis Clinical Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? O If so, specify

(Signed) Jno. A. Sedlacek M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 08453

F 08453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 W. North Ave 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice V. Rutter

(a) Residence: No. 3011 W. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of William A. Rutter

6. DATE OF BIRTH (month, day, year) April 2nd 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David McKeldin

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Marcella Gross

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William E. Rutter

(Address) 3011 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Date Jan 14th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ....., 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1935 to Jan 11 1935

I last saw h. W alive on Jan 11 1935. Death is said to have occurred on the date stated above, at 6.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance:	
Pulmonary	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Emil A. Kahn M. D.

(Address) 3005 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible]

F 08454

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08454

CERTIFICATE OF DEATH

Registered No. 93-L

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 E Fairmount Ave St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wiktoria Balcerowicz

(a) Residence: No. 2405 E Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Balcerowicz Husb.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Unk. Trzynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. Balcerowicz

(Address) 2405 Fairmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary. Date Jan 14. 1935

19. UNDERTAKER Fred W Ozbaczewski

(Address) 1900 Eastern Ave.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 . 1924 to Jan. 9 . 1935

I last saw her alive on Jan 9 1935 Death is said to have occurred on the date stated above, at 1045 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1-1-35
Other contributory causes of importance: Chronic Myocarditis	5 yrs.

Name of operation Date of

What test confirmed diagnosis P.S. & S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John V. Zierbach M. D.

(Address) 1802 Eastern Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. D. F. No. F 08455

F 08455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Bank St. St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Bandzwolek.

(a) Residence: No. 1508 Bank St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married (widowed, or divorced) HUSBAND of (or) WIFE of Lena Bandzwolek.

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Casimier Bandzwolek

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Josephine Bandoch.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Lena Bandzwolek

(Address) 1508 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 14. 1935

19. UNDERTAKER Fred W. Chaszewski

(Address) 1900 Eastern Ave

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 9. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8. 1935 to Jan 9. 1935

I last saw him alive on Jan. 9. 1935 Death is said to have occurred on the date stated above, at 1130 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Unk
Arteriosclerosis	5 yr

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. L. Kelly M. D.

(Address) 428 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. F. 1268-9

F 08456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08456

CERTIFICATE OF DEATH

✓ 106-b

1. PLACE OF DEATH

Registered No. 15-3

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

CITY OF BALTIMORE: (No. 3003 W. Cold Spring Lane St., 15 Ward)

Length of residence in city or town where death occurred 85 yrs. 1 mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annette S. Willis

(a) Residence: No. 3003 W. Cold Spring Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Nov. 26, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Joseph H. Willis

14. BIRTHPLACE (city or town) (State or country): --------- Maryland

MOTHER

15. MAIDEN NAME: Anna Sturgis

16. BIRTHPLACE (city or town) (State or country): --------- Maryland

17. INFORMANT: Elizabeth E. Willis

(Address): 3003 W. Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Cemetery 1/15 1935

19. UNDERTAKER: Henry W. Meyer Sons

(Address): 1500 N. Eutaw St.

20. FILED ---, 19-- ---------

(Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 12th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1934, to Jan 12th, 1935

I last saw h-- alive on Jan 5th, 1935. Death is said to have occurred on the date stated above, at 8 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Not Tb)	Jan 12th 35

Other contributory causes of importance:

Cardiac failure. — mo ago

Chronic Bronchitis (Not Tb)

Name of operation —— Date of ——

What test confirmed diagnosis —— Was there an autopsy? ——

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ——

If so, specify ——

(Signed) J. L. Cleland, M. D.

(Address) 1526 Calvert St

THIS CERTIFICATE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V95 3

JAN 13 1935

M. D. P. 1936 F 08457

F 08457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 McElderry St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lulu E. Pennington

(a) Residence: No. 1924 E. McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Thomas Pennington

6. DATE OF BIRTH (month, day, year) Aug 8, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 Yrs.

12. BIRTHPLACE (city or town) (State or country) Westmoreland County Va

FATHER

13. NAME Steptoe Hull

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Hazzard

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Husband
(Address) 1924 W McElderry St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Jan 14, 1935

19. UNDERTAKER John Welsh
(Address) 2002 Reisterstown Rd

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1934, to Jan 11, 1935

I last saw her alive on Jan 11, 1934 Death is said to have occurred on the date stated above, at 11.13A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Stomach	June 1934
Other contributory causes of importance:	
Uremia	1 day

Name of operation { Resection of Stomach / Duplex Entero Enteros Emy / Enteros Enterostomy } Date of Sept 27, 34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W Allen Deckert, M. D.

(Address) 1123 St Paul St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

REGISTERED DEATH in plain terms, so that it may be properly classified.

NOV 16 1935

M. D. F. 1268-A

F 08458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08458

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Fortson

(a) Residence: No. 4403 St. George St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced (or) WIFE of Robert Fortson

6. DATE OF BIRTH (month, day, year) Not given

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not given

FATHER

13. NAME Not given

14. BIRTHPLACE (city or town) (State or country) Not given

MOTHER

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) (State or country) Not given

17. INFORMANT Robert Fortson

(Address) 4403 St George St

18. BURIAL, CREMATION, OR REMOVAL Pleasant Rest Inc

Place Date Jan 15 1935

19. UNDERTAKER Robert E. Williams

(Address) 1515 McCulloh St

20. FILED ——— 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1—11— 1935

22. I HEREBY CERTIFY, That I attended deceased from 1—8— 1935 to 1—11— 1935

I last saw her alive on 1—11— 1935 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	1-5-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Dr Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr X Cooper Provident Hosp M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-a

F 08459

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08459

178-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Oak St St., 12 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur C. Merriam Jr

(a) Residence: No. 3009 Cresmont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rose M. Durbin DURBIN

6. DATE OF BIRTH (month, day, year) October 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

13. NAME Arthur C Merriam

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

15. MAIDEN NAME Susan R. Wagner Wagner

16. BIRTHPLACE (city or town) (State or country) Washington D. C

17. INFORMANT Rose Merriam

(Address) 3009 Cresmont St

18. BURIAL, CREMATION, OR REMOVAL

Place ... 1935

19. UNDERTAKER

(Address) 1938 Eutaw St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Jan. 11 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation of Monoxide gas	Jan. 11 1935

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 11 1935

Where did injury occur? Baltimore - Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In garage - 2400 Oak St

Manner of injury Inhalation of Monoxide

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify ...

(Signed) J. H. Valentine M.D.

(Address) 16 Forest Broadway Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9 F 08460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08460

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Light St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel L. Greenborough

(a) Residence: No. 1135 Light St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Greenborough

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1135 Light St

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Ford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robt H. Greenborough

(Address) 1135 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/14/35, 19

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1316 Light

20. FILED JAN 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1935

22. I HEREBY CERTIFY, that I attended deceased from Jan 7, 1935, to Jan 11, 1935.

I last saw h alive on Jan 11, 1935. Death is said to have occurred on the date stated above, at 9.50a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Diabetes	Jan

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Wheeler M. D.

(Address) 1279 William St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 08461 ✓ F 08461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 E. Fayette St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Mary Dreyer

(a) Residence: No. 1908 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 2-12-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	52	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cap Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cap Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wm Dreyer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Annie Dreyer

(Address) 1908 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Levy Ave Cemetery Date 1-15-35, 19

19. UNDERTAKER Jack Levy Jr.

(Address) 1939 E. Baltimore St

20. FILED JAN 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Jan 12, 1935

I last saw h alive on Jan 11, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	Jan 9
Acute Tuberculous Pleurisy	Jan 9
Other contributory causes of importance:	
Chronic Fibrous tuberculosis both lungs	some years
Myocardial degeneration	6 mo
Chronic Bronchitis	some yrs

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) A. F. Ries, M. D.

(Address) 1.4 Lombard

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

153

M. D. Form 1

F 08462

F 08462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Brooks Lane 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 mos. ds. How long in U. S. If of foreign birth? 46 mos. ds.

2. FULL NAME Louis Benjamin Lustin

(a) Residence: No. 809 Brooks Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) Feb. 15 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 64	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Overalls

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Elkid B. Lustin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT San. Lussman (wife)

(Address) Standard Creosoting Co

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 1-13 19 35

19. UNDERTAKER Isaac Levy Son

(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 19 35

22. I HEREBY CERTIFY, That I attended deceased from several years 19 .. to Jan. 12 19 35

I last saw him alive on Jan. 12 19 35. Death is said to have occurred on the date stated above, at 2.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular, renal disease with hypertension	few years
Other contributory causes of importance:	
Cerebral apoplexy with hemiplegia	4 days Jan. 8

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Lussman M. D.

(Address) 2340 Eutaw Place

Y S 3

OCCUPATION is very important. See instructions on back of certificate.

State CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 12 [illegible] F 08463 ✓ F 08463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 Bolton St., 14 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth W. Taylor

(a) Residence: No. 1818 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of William Taylor

6. DATE OF BIRTH (month, day, year) Oct 1st 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Thomas H. Webb

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary E. Goodwin

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Virginia Marchant
(Address) 1818 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place Portsmouth Va Date 1/15/35

19. UNDERTAKER Wm Lorke
(Address) 1214 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1934 to Jan 13 1935

I last saw her alive on Jan 12, 1913. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular Heart Disease.	2 yrs previous
Other contributory causes of importance: Renal Involvement	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edward R ... M. D.

(Address) 20 20 N Charles St

M. D. B. [illegible] F 08464

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08464

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna C. McKenzie

(a) Residence: No. 1005 Woltman St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 10 - 1931

7. AGE: Years 3 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Ethelwin C. McKenzie

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Kerby Greenwell

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Pt. Johns Ellicott City Date 1/14/35

19. UNDERTAKER: W. M. Cox

(Address) 1217 St Paul St

20. FILED ..., 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1-10-35
Congenital Defect of Brain (Convulsions)	
Other contributory causes of importance:	
Oedema of Brain	1-10-35
Name of operation Tapping	Date 1-12-35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. H. Yaborough Coroner, M. D.

(Address) 16 S. Howard

FILE TO [illegible]

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cause of death in plain terms, so that it may be properly classified.

V.S.6

M. D. B. 1268-9

F 08465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08465

186-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 N. Eden St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary D. Wagner (Magner)

(a) Residence: No. 1416 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year) May 6/63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) County Cork Ireland

FATHER

13. NAME Timothy Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna O'Leary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annie Morrison

(Address) 1416 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 1/16 '35

19. UNDERTAKER W. M. Cook

(Address) 1217 E. Fayette St

20. FILED 1935 Registrar.

JAN 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12/35 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12.45 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Lec	28/34

Other contributory causes of importance:

Fracture of rt Femur	Oct 29/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 29 19

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Slipped & fell to floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Hamm M. D.

(Address) 506 E Fayette Coroner

V56 OCCUPATION is very important. See instructions on back of certificate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. P. 1708-9

F 08466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Emmel

(a) Residence: No. 2817 Ulsa Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/12/13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Air Plane Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles Emmel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Ella Burbage

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Jerusalem Cemetery Date Jan. 14th 35

19. UNDERTAKER Frederick Loughran Sons
(Address) 7401 Belair Road

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1934 to Jan 11, 1935

I last saw h.. alive on Jan 10, 1935 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis.	?
Congenital Heart disease or Rheumatic heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carmichael Pilgrim M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cvs 3

Spec.—8-16-29—L. F. S.—100 Blks.

✓ F 08467

F 08467 HEALTH DEPARTMENT—CITY OF BALTIMORE

11-6

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1902 Madison Av ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eliza Carter

(a) RESIDENCE NO. 1902 Madison Av ST., WARD X

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Woodson Carter

6 DATE OF BIRTH (month, day, and year): 1865

7 AGE — Years: 70 | Months: 5dc | Days: | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): 0202

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Wm Polk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant: Florence Merchey

(Address) 1902 Eye Caller Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 10/35

17

I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934, to Jan 10, 1935,

that I last saw h Er alive on Jan 10, 1935

and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (Secondary): Cerebral Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard, M. D.

1/11, 1935 (Address) 2029 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: 1/13/35

20 UNDERTAKER: Geo Leonard Polk — ADDRESS: 1103 Druid

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1268-A

F 08468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08468

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., 19 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie D. Winfield

(a) Residence: No. 2321 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, year): 8/20/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Westminster S. C.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Mrs. Delia Harrison (Address) 2321 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Date 1/14/35 19

19. UNDERTAKER: Chas. S. Cooper (Address) 214 N. Calhoun St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1935 to Jan 9, 1935

I last saw her alive on Jan 9, 1935 Death is said to have occurred on the date stated above, at 11:58 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3 days
Chronic Nephritis	

Other contributory causes of importance:

Hypertensive cardio-vascular disease

Name of operation none Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) Good Shepherd Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 3

M. D. P. 1268

F 08469 Dr Kusicka 800 N Patterson Park Ave ✓ F 08469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 E. Eager St., 1-X Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Martin Holthaus

(a) Residence: No. 2522 E. Eager St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8th 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman T. Holthaus

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Naomi A. Renshaw

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Herman T. Holthaus

(Address) 2522 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 14th 19 35

19. UNDERTAKER Wm Cook

(Address) 1207 E Balt St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11th 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 19 35 to Jan 11 19 35

last saw h alive on Jan 10th 19 35 Death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1(a) Lobar Pneumonia	1-2-35

Other contributory causes of importance:

acute Cardiac Dilatation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fred Rose M. D.

Address 800 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. No. F 08470

F 08470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elyer Leitch

(a) Residence: No. Friendship Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Leitch

6. DATE OF BIRTH (month, day, year) September 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S. A. Co. Md.

FATHER

13. NAME Christopher Leitch

14. BIRTHPLACE (city or town) (State or country) U. S. A. Md.

MOTHER

15. MAIDEN NAME Josephine Wolf

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Ethel Leitch

(Address) Friendship U. S. A. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Md. Date Jan 17, 1935

19. UNDERTAKER R. L. Hopkins

(Address) Annapolis Md.

20. FILED Jan 17, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1935, to Jan. 12, 1935

I last saw h[illegible] alive on Jan 12, 1935 Death is said to have occurred on the date stated above, at 9 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Frontal Lobe Tumor (Glioma)	1930?
Bronchopneumonia	1-9-35

Other contributory causes of importance:

Arteriosclerotic Heart Disease

Name of operation Excision Frontal Lobe Tumor Date of 1-7-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauriston S. Reaver M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268 **F 08471**

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08471

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Hollins Ferry Rd. St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adah B. Sander

(a) Residence: No. 2712 Hollins Ferry Rd. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles A. Sander

6. DATE OF BIRTH (month, day, year) Dec. 25, 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Cooksey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Meekins

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles A. Sander
(Address) 2712 Hollins Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 14, 19 35

19. UNDERTAKER Harry Shuster
(Address) 4101 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1932, to Jan 11, 1935

I last saw her alive on Jan 7, 1935 Death is said to have occurred on the date stated above, at 4:50 am

The principal cause of death and related causes of importance were as follows:

Cancer of Breast. — Date of onset 2-yr.

Other contributory causes of importance:

Nephritis and Myocarditis Chronic (also arteriosclerosis chronic)

Name of operation MD Date

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? MD
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. D. Gilmore M. D.

(Address) 2208 Ballard Troy Bl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08472

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2116 Wilhelm St. St. 20 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaretha Miller

(a) Residence: No. 2116 Wilhelm St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late John Miller

6. DATE OF BIRTH (month, day, year) Feb. 25, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Sorger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Miller (Son)
(Address) 2116 Wilhelm St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan. 14, 35

19. UNDERTAKER Percy F. Curtis
(Address) 4101 Edmondson Ave.

20. FILED JAN 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1922 to Jan. 11, 35

I last saw h e alive on 1/9/35 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	7 yrs (?)
Other contributory causes of importance: Diabetic coma	2 days

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F. No. F 08473

F 08473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Agnes B Crowe

(a) Residence: No. 512 W. Mulberry St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 10/1885

7. AGE Years	Months	Days	If LESS than day, hrs. or min.
49	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Cornelius Crowe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Redmond

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Aldeen B. Crowe

(Address) 512 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Baltimore Md Date Jan 15 35

19. UNDERTAKER Chas. H. Wade & Son

(Address) 118 W. Mulberry St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14 . 19 35

22. I HEREBY CERTIFY, That I attended deceased from 1/9/35 . 19 . to 1/14/35 . 19 .

I last saw her alive on 1/11/35 . 19 . Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Liver	

Other contributory causes of importance:

Empyema and Pneumothorax. Bronchial hemorrhage.

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H M Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-a

F 08474

F 08474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Bond

(a) Residence: No. Fallston, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grover

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

FATHER

13. NAME Joseph Smart

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria Bradford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain View Date Jan 15, 1935

19. UNDERTAKER Hornbeyer & Gross
(Address) Govanstown, Md.

20. FILED JAN 19 1935 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12/35 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-8

F 08475

F 08475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1901 Oak Hill Avenue St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Holmes

(a) Residence: No. 1901 Oak Hill Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie C. Bacon

6. DATE OF BIRTH (month, day, year): Nov. 27, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
64	I	15	######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penn. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John Holmes

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Mary Heavel

16. BIRTHPLACE (city or town) (State or country): (Unknown)

17. INFORMANT: Mrs. Annie C. Holmes (Wife)
(Address): 1901 Oak Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Cem. Jan. 15, 1935

19. UNDERTAKER: George J. Duffy Sons
(Address): 1023 Hollins St.

20. FILED JAN 14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1934 to January 11, 1935

I last saw h alive on January 11, 1935 Death is said to have occurred on the date stated above, at 3 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days
Other contributory causes of importance:	
Myocarditis	3 mos.
Cystitis	3 mos.
Chronic alcoholism	?

Name of operation: None Date of op.

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) J. P. Sweeney M. D.

(Address) 2737 McCulloh St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 08476

F 08476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 N. Bond Street St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Elizabeth Jones

(a) Residence: No. 1623 N. Bond Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Jones

6. DATE OF BIRTH (month, day, year) Dec. 8, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
77	1	3	######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Godfried Bishop

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Neiderhofer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie Wooden

(Address) 1623 N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Jan. 14, 1935

19. UNDERTAKER George E. Fuith Sons

(Address) 1735 Eastern Ave

20. FILED JAN 14 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1935 to Jan 11, 1935

I last saw h[illegible] alive on Jan 8 1935 Death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cardiac exhaustion	Jan 11 '35
	3

Other contributory causes of importance:

Arteriosclerosis & hypertension	May '30

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Johnson Sanderson M. D.

(Address) 1214 N. Carolina St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A 3

M. D. B. 126 F 08477

F 08477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 93-D

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., W. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stewart J. Brandenberg

(a) Residence: No. Union Bridge, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. Brandenburg

6. DATE OF BIRTH (month, day, year) Sept. 20. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Emanuel Brandenburg

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie E. Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. S. J. Brandenburg

(Address) Union Bridge Md R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Unionbridge md Date Jan 16 1935

19. UNDERTAKER C. O. Russ & Son

(Address) Taneytown Md

20. FILED Hunting Town Md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13 1935

22. I HEREBY CERTIFY, That I attended deceased from January 9 1935 to 1-13 1935

That I saw him alive on 1-13 1935. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 1-9-35

Arteriosclerosis

Myocardial insufficiency

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Fleming M. D.

(Address) University Hospital

V S 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 08478

F 08478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 Charlcote Place, 27 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Everett Daneker

(a) Residence: No. 9 Charlcote Place, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John K. Daneker

6. DATE OF BIRTH (month, day, year) Jan 4 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Henry F. Keener

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Anna Grant

16. BIRTHPLACE (city or town) (State or country) Ivory City Pa

17. INFORMANT Jerome G. Daneker

(Address) 9 Charlcote Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 16, 1935

19. UNDERTAKER H. J. Redmeyer Sons

(Address) Forest Ave

20. FILED JAN 14 1935 Huntington Village, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to Jan 13, 1935

I last saw her alive on Jan 13, 1935. Death is said to have occurred on the date stated above, at 5:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
C I Infirmities	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. P. Carman, M. D.

(Address) 1103 N Caroline St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible]-9 F 08479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08479

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Westerwald Ave. Ward) 9

Length of residence in city or town where death occurred 67 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Fredk. Hohnberger

(a) Residence: No. 3308 Westerwald Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Louise Hohnberger

6. DATE OF BIRTH (month, day, year) Apr. 1 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rohland Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Kristian Hohnberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary M. Hahn

16. BIRTHPLACE (city or town) (State or country) Hanover

17. INFORMANT Donald Hohnberger

(Address) 3308 Westerwald Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 14 1935

19. UNDERTAKER Wm. H. Gardner Sons

(Address) North & Pratt Ave.

20. FILED JAN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1933 to 1/11 1935

I last saw him alive on 1/11 1935 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and nephritis	Chronic

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas Trumbo M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-

F 08480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08480

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. Ward) 20

Length of residence in city or town where death occurred 3yr 7mos How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Wheat. (Charles Jackson Wheat)

(a) Residence: No. 412 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie F. Wheat.

6. DATE OF BIRTH (month, day, year) 1/30/1869

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65.	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired - B&O RR

10. Date deceased last worked at this occupation (month and year) 1913

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owings Mills Md.

FATHER

13. NAME Frank H. Wheat.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Augusta Gladden

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Wife above address.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Jan 14, 1935

19. UNDERTAKER (Address) Wm J. Tschudy & Son Mt. Winans Baltimore

20. FILED JAN 14 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/8, 1935 to 1/12, 1935

I last saw him alive on 1/12, 1935. Death is said to have occurred on the date stated above, at 3½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days

Other contributory causes of importance:

Name of operation, Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reder, M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1935-9

F 08481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08481

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr George L. Keister

(a) Residence: No. 1711 Park Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jeannette B. Keister

6. DATE OF BIRTH (month, day, year) Dec 0 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Business

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William F. Keister

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Elizabeth Hoffmaster

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Thomas Ellis

(Address) 1808 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Jany 14 1935

19. UNDERTAKER Mrs. Redgrave & Sons

(Address) North Avenue

20. FILED ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12-35 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10-35 1935 to 1-12-35 1935

that I last saw him alive on 1-11-35 1935 Death is said to have occurred on the date stated above, at 8.14 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 1935

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Otis L. Marshall M. D.

(Address) Bon Secours Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 08482

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08482

CERTIFICATE OF DEATH

✓ 94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Bargain

(a) Residence: No. 500 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Bargain

6. DATE OF BIRTH (month, day, year) May 6 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Martin Thyman

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Lydia Thompson

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Mrs. R. Rogers (son)
(Address) 500 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 15th. 1935

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

20. FILED ... 16... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 11 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eugene Zellers M. D.
Coroner

(Address) 5707 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 08483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08483

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3318 Strickland St., 20 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Rittershofer

(a) Residence: No. 3318 Strickland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Rittershofer

6. DATE OF BIRTH (month, day, year) July 8-1871.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Rittershofer
(Address) 3318 Strickland

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Jan. 14 1935

19. UNDERTAKER George L. Schmatt
(Address) 2121 Eutaw Ave

20. FILED ....., 19.. Registrar.

JAN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11 1935.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.. to ....., 19..

I last saw h alive on Inquiry, 19.. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Jan. 11 1935.
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jos. L. Valentine M. D.
Coroner

(Address) 16 South Broadway

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 08484

F 08484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Forge Ave St., 27 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Freeland

(a) Residence: No. 1419 Forge Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Minnie Freeland

6. DATE OF BIRTH (month, day, year) April 15, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME William H. Freeland

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Viola Dorsey

(Address) 1419 Forge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Freeland Md Date Jan 15, 1935

19. (UNDERTAKER) Chenowith & Son

(Address) 3615-17 Chestnut Ave

20. FILED ..... 19.. ..... Registrar.

JAN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Jan 12, 1935

I last saw h~~im~~ alive on Jan 12, 1935. Death is said to have occurred on the date stated above, at 11:40 ~~P~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertension	1932
Acute Cardiac Dilatation	1/10/35

Other contributory causes of importance:

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robert L. Mitchell, M. D.

(Address) 1117 Hollins Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 9-53-MA. F 08485

F 08485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 108 W. Montgomery St. 27 WARD)

2-FULL NAME Isaiah L. Brown, Sr

(a) RESIDENCE NO. 108 W. Montgomery ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col,	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sarah E. Brown

6 DATE OF BIRTH (month, day, and year) Aug-13-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer self

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Lydia Lee

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Thelma Brown
(Address) 108 W. Montgomery

15 Filed ....., 19.... Waiting for Will Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 9 '35

17

I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1934, to Jan 9, 1935

that I last saw h~~im~~ alive on Jan 9, 1935

and that death occurred, on the date stated above, at 2-35 P m.

The CAUSE OF DEATH* was as follows:

Interstinal Hemorrhage

(duration) yrs. 5 mos. 8 ds.

CONTRIBUTORY (Secondary) Uraemia AU.

(duration) yrs. mos 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Usual tests

(Signed) H H Carrel M. D.

Jan 19 35 (Address) 111 W. Ideal Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Jan 14 35

UNDERTAKER Bernard C. Newsby

ADDRESS 818 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 08486

F 08486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 McElderry St., 5 Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephina Jones

(a) Residence: No. 1105 McElderry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sam

6. DATE OF BIRTH (month, day, year) Nov 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville, Va

FATHER

13. NAME John Steward

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Gussie ???

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Grace H. Anderson
(Address) 1105 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 1/13/35 19

19. UNDERTAKER Bryan Funeral Home
(Address) 218 N. Gilmor St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11/35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	???

Other contributory causes of importance:

Va

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Jos H Logan M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1268-9 Rev. 8

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 32 F 08487

F 08487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 21 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Rollins.

(a) Residence: No. 1139 Denver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Rollins.

6. DATE OF BIRTH (month, day, year) 4/5/1912.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benjamin Rollins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife
(Address) same as above.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem'y Date 1/14 1935

19. UNDERTAKER Walter B. Spriggs
(Address) 731 W. Hamley St.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/7 1935 to 1/10 1935

I last saw h.. alive on 1/10 1935 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset 1/5/35.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JS 3

M. D. [illegible]

F 08488

F 08488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cephas Wiggins

(a) Residence: No. 1604 W. Saratoga st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 18, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sudlers Virginia

FATHER

13. NAME Rodgers Wiggins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sadie Hyde

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemty Date 1/18 19 35

19. UNDERTAKER Walter B. Speigel

(Address) 1344 Hanley Sq.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 19 35

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934 to January 10, 1935

I last saw him alive on January 10, 19 35 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 14 1935

M. D. No. F 08489

F 08489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 Belt Ave St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Tucker

(a) Residence: No. 1828 Belt Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W Lite	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Tucker

6. DATE OF BIRTH (month, day, year) Aug 18 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing Plant

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James J. Tucker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs M. Tucker

(Address) 1828 Bells St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A A Date 1/14/35 19

19. UNDERTAKER Chas L Sylvester

(Address) 1501 E Fort Ave

20. FILED , 19 Registrar.

JAN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1934 19 to Jan 12 1935 19

I last saw him alive on Jan 9 1935 19 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
	T.B. from Jan 1934 aged

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerry B Hall M. D.

(Address) 1703 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08490

CERTIFICATE OF DEATH

94-a

15

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 4010 Liberty Heights St., Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Schenthal

(a) Residence: No. 4010 Liberty Heights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Schenthal

6. DATE OF BIRTH (month, day, year) Mch. 19, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Schenthal

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Goldsmith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Schenthal (Brother)

(Address) 2335 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date Jan. 15, 1935

19. UNDERTAKER David Sonneborn & Son

(Address) 1902 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1935 to Jan 12 1935

I last saw h alive on Jan 12 1935 Death is said to have occurred on the date stated above, at 10.36 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2 days
Other contributory causes of importance:	
Angina pectoris	2 years

Name of operation / Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify /

(Signed) I. Fineurk Leitz, M. D.

1-13-35 (Address) Temple Garden Apts

LEITZ

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 08491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08491

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2429 Linden Ave. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Goldsmith Steiger

(a) Residence: No. 2429 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Steiger

6. DATE OF BIRTH (month, day, year) Jany. 4th. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Goldsmith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amanda Wurtzburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Harry Steiger (Husband)
(Address) 2429 Linden Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Jan. 14 1935

19. UNDERTAKER Baird Sindram & Son
(Address) 1902 Eutaw Place

20. FILED JAN 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11 1935 to Jan 12 1935

I last saw h[illegible] alive on Jan 12 1935 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/11/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Melton Sherry M. D.

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F. 08492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08492

CERTIFICATE OF DEATH

✓ 178-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 N. Clinton St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Anna K. Franke

(a) Residence: No. 513 N. Clinton St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) Nov 25/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknow

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Vogtman (daughter)
(Address) 513 N. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Date Jan 14 35 19

19. UNDERTAKER Robert W. Beregoy
(Address) 440 E Madison

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11/35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at Before 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Asphixiation	Jan 11/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Probably Accidental Jan 11/35

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Oven burner on-kitchen range-prob. senile dementia

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [redacted] M. D.
(Coroner)

(Address) 508 E Madison

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev 36

M. D. P. 1203-B

F 08493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08493

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Belle ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank King

(a) Residence: No. 3901 Belle ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~Mrs.~~ Mary E. King

6. DATE OF BIRTH (month, day, year) Oct. 12 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Charles King

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Goetz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Nellie Shuster

(Address) 2901 Belle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date Jan. 16 1930

19. UNDERTAKER Henry Stockdale Sons, Inc.

(Address) 1301 E. Eager st

20. FILED Jan 16 1930 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1929 to Jan. 12 1930

I last saw h[illegible] alive on June 16 1929 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Pulmonary Edema

Date of onset 12 Hours

Other contributory causes of importance:

Arteriosclerosis Myocarditis

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. C. [illegible] M. D.

(Address) [illegible]

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08494

CERTIFICATE OF DEATH

✓ 108

F 08494

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Burrell

(a) Residence: No. 1017 Fulmore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	aa	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not given

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co., Va.

FATHER

13. NAME Not given

14. BIRTHPLACE (city or town) (State or country) Not given

MOTHER

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) (State or country) Not given

17. INFORMANT Annie Burrell

(Address) 1017 Fulmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemtry Date Jan 14 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 503 Preston St.

Filed JAN 14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10- 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-6- 1935 to 1-10- 1935

I last saw her alive on 1-10- 1935 Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Entire Rt and upper Lf. primary Lobar pneumonia	1-3-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Dot Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. Dorsett M. D.

(Address) Provident Hosp

INSTRUCTIONS: PRINT, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

08495 HEALTH DEPARTMENT—CITY OF BALTIMORE 08495

CERTIFICATE OF DEATH

V94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Whitelock St. St., 13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Sendelbach

(a) Residence: No. 1200 Whitelock St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Sendelbach

6. DATE OF BIRTH (month, day, year) Nov. 30-1859.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Sendelbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Emma Sendelbach 1200 Whitelock St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date 1/15/35

19. UNDERTAKER (Address) Chas. G. Grady & Son 118 W. Mt. Royal Ave

20. FILED JAN 14 1935 19.. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 , 19 35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Jan. 12 1935
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Z. Uhler M. D.
Coroner

(Address) 16 South Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD. Every item

use

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08496

CERTIFICATE OF DEATH

59 F 08496

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St. 22 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella C. Schueler

(a) Residence: No. 507 So. Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4, 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Schueler

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary B. Rast

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Adelaide Boyd
(Address) 602 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 15 1935

19. UNDERTAKER Jos Jourdenais Jr & Son
(Address) 21 S. Paca St

20. FILED . 19 Registrar.

JAN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 , 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	Jan. 12 1935
Other contributory causes of importance:	
Acidosis	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos L. Valentine, M. D.
Coroner

(Address) 16 South Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

USE INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of

V S 6

M. D. R. 1268-9

F 08497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08497

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2122 E. Pratt St., (St.) 1 (Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amalia Ostrowska

(a) Residence: No. 2122 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of John Ostrowski

6. DATE OF BIRTH (month, day, year) 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Krap.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Honk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT A Ostrowski
(Address) 2122 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 15 1935

19. UNDERTAKER H. W. Radzewski
(Address) 1930 Eastern Ave

20. FILED JAN 14 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1935 to Jan 10th 1935

I last saw her alive on Jan 10 1935 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	Jan 4 1935
Myocardial degeneration	Unk
Arterio-Sclerosis	Unk
Coronary occlusion	Jan 10th

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Rios, M. D.

(Address) 24 S. Bond

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

JAN 14 1935

Co. N. Wilmington Delaware, N.Y.

M. D. B 1268-9

F 08498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08498

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4808 Pleasant View Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Gregg Sr.

(a) Residence: No. 4808 Pleasant View Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Josephine Gregg.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62.	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jno. Gregg

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Smith.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Stanley Gregg

(Address) 4808 Pleasant View Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 15. 1935

19. UNDERTAKER J. W. Bradley Sons

(Address) 1930 Eastern Ave

20. FILED JAN 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9. 1935 to Jan 11. 1935

I last saw him alive on Jan 11. 1935. Death is said to have occurred on the date stated above, at 4.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fisher, M. D.

(Address) 1823 N. Mark St.

INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 08499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08499

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 28 E Cross St. 23 Ward)

Length of residence in city or town where death occurred 81 yrs. 11 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George C. Reviol.

(a) Residence: No. 28 E Cross. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa. Reviol

6. DATE OF BIRTH (month, day, year) Jan. 27 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Cur. Hof.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George T. Reviol

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Bruckner

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Miss Anna Reviol.

(Address) 28 E Cross St

18. BURIAL, CREMATION, OR REMOVAL Western. Date 1/15th, 19 35

19. UNDERTAKER E + B Haber

(Address) 115 E West St

20. FILED JAN 14 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1934 to Jan 12 1935

I last saw h alive on Jan 12 1935 Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 days

Other contributory causes of importance:

Influenza	1 day

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1529 William St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 08500

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John McDaniel

(a) Residence: No. Woodstock Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Evelyn McDaniel

6. DATE OF BIRTH (month, day, year) Aug 28, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	14/5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Virginia

FATHER

13. NAME James McDaniel

14. BIRTHPLACE (City or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Dempi Weekly

16. BIRTHPLACE (City or town) (State or country) Va.

17. INFORMANT (Address) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL St Alphonsus Woodstock Md Date Jan 15/35

19. UNDERTAKER Bernard C Harker (Address) 400 S Paca St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12th 35

22. I HEREBY CERTIFY, That I attended deceased from 11-18-34 19 to 1-12-35 19

I last saw h~~i~~m alive on 1-12-35 19 Death is said to have occurred on the date stated above, at 10:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation Appendectomy Date of 11/18/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sol Smith M. D.
(Address) Mercy Hospital

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 5

M. D: B F 08501 F 08501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 1 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME John R. Wheatley

(a) Residence: No. Guilford, Howard Ct. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Wheatley

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (Farm)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Benjamin Wheatley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thomas Rudkins

(Address) c/o Md. House Correction; Md

18. BURIAL, CREMATION, OR REMOVAL

Place Finding M E Church Date Jan. 16, 1935

19. UNDERTAKER J. Easton Sons

(Address) Ellicott City

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperstatic Pneumonia	Jan. 13 1935
Other contributory causes of importance:	
Cardiac Renal Complications	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Jesse L. Valentine M. D.
Coroner

(Address) 16 South Broadway

State CAUSE OF DEATH in plain English. See instructions on back of certificate. OCCUPATION is very important.

Use

M. D. B 1268-9

F 08502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08502

CERTIFICATE OF DEATH

X 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John McCarthy

(a) Residence: No. Owings Mills - Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. Med School Date Jan 4 1935

19. UNDERTAKER

(Address)

20. FILED JAN 14 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	12/31/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury, 12-31, 1934

Where did injury occur? Owings Mills - Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Head injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Gilbert, M. D. Coroner

(Address) 2707 Eastern Ave.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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M. D. B. 1268

F 08503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08503

CERTIFICATE OF DEATH

23-01 46-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Franklin.

(a) Residence: No. 1702 S.Charles St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE OF Augustus Franklin.

6. DATE OF BIRTH (month, day, year) Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massachusetts.

FATHER

13. NAME Do not Know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Guy M.Franklin.(son)
(Address) 1524 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Jan 14 19 35

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum.	

Other contributory causes of importance:

Name of operation None. Date of Yes

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury Held this body until 1/11/35. O.M.R.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M Reinhardt M. D.
Coroner

1/8/35 (Address) 1017 S.Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 6

JAN 14 1935 [illegible]

M. D. B 12 F 08504

F 08504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., N Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Ross

(a) Residence: No. 246 S. Highland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	W

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 2

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jeff Med School Date Jan 17 19 25

19. UNDERTAKER

(Address)

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 , 1925

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

accidental Fract of R Femur

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of Injury Sept 22 19 24

Where did injury occur? City Hosp

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on floor

Nature of injury Fract of R Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) C. S. Heaney MD M. D.

Coroner

(Address) 326 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14

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JAN 1925

1021 TAB MORGUE

M. D. B. 1268-9

F 08505

HEALTH DEPARTMENT—CITY OF BALTIMORE

08505

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1114 S. Carey St. St., 21 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Jane Bell

(a) Residence: No. 1114 S. Carey St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo H. Bell

6. DATE OF BIRTH (month, day, year) Mar 16 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Geo H. Bell (Son)

(Address) 1114 S Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place W. P. National Cem Date Jan 15 . 1935

19. UNDERTAKER Kelly & B. M. Walker

(Address) Near Pratt & Tucker Sts

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from . 1933 to Jan 12 . 1935

I last saw her alive on Jan 10 . 1935 Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify:

(Signed) Fred C Jewett M. D.

(Address) 254 S Paca

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. D. P. 1268-9

F 08506

F 08506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie E. Kronyager.

(a) Residence: No. 1122 Sargeant. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6a. If married, widowed, or divorced (H)USBAND of (or) WIFE of Edward C. Kronyager.

6. DATE OF BIRTH (month, day, year) 11/13/70.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Mitchworth.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mukenbrei.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Edw. C. Kronyager.
(Address) 1122 Sargeant St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sawwood Cem. Date 1/16/35

19. UNDERTAKER John J. Cowan & Son.
(Address) 901 E. Baltimore St.

JAN 14 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1935 to 1/13, 1935

I last saw her alive on 1/13, 1935 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis, Diabetes Mellitus	10 days 20 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A. Reitz M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1269-9

F 08507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08507

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Light St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F Vaeth

(a) Residence: No. 3110 E Eshendale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophie Yeager

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired contractor Light & Camden Sts

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bad Nauheim Germany

FATHER

13. NAME Angelus Vaeth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Konigsstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Martha Fahey

(Address) 1318 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/16, 35

19. UNDERTAKER J. J. Fahey Son

(Address) 1318 Light St

20. FILED JAN 14 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Jan 13 1935

I last saw him alive on Jan 13 1935. Death is said to have occurred on the date stated above at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Terminal).	
Other contributory causes of importance: Myocarditis & Arteriosclerosis.	Long

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

(Signed) John A. Schemmel, M. D.

(Address) 1337 S. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

F 08508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08508

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH House of Good Shepherd for City

CITY OF BALTIMORE: (No. Calverton Road Franklin & 30-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 1 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary of Bl. Imelda O'Rourke

(a) Residence: No. Calverton Road & Franklin St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of the Good Shepherd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville Ky.

MOTHER FATHER

13. NAME Daniel O'Rourke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret Malloy

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Sister Mary of Good Shepherd
(Address) Calverton Road & Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan. 17. 1935

19. UNDERTAKER George E. Lofstad
(Address) 1412 Eutaw Pl.

Filed JAN 14 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1935 to 1/13 1935

I last saw h[illegible] alive on 1/13 1935 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 yrs

Other contributory causes of importance:

Pneumonia	days
Pulmonary tuberculosis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Peter T. Moore M. D.

(Address) 804 Cathedral St

N.B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. F 08509 F 08509

29452 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J Bathon

(a) Residence: No. 3225 Old Annapolis Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 10-25-90

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rails saw

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Anthony Bathon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Sherwood

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rus. Cath. Cem. Date 1/15/ 1935

19. UNDERTAKER Fred. J. Krause & Son
(Address) 12 S. 705 S. Hanover St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1935 to Jan 12 1935
I last saw him alive on Jan 12 1935. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bronchus	6/1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm D. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

M. D. B. F 08510

F 08510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Smith

(a) Residence: No. 1602 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Sacred Heart Date 1/13 1935

19. UNDERTAKER Kendall & Pitfield
(Address) 201 S Eden St

20. FILED JAN 14 1935 By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Hemiplegia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H Herzog MD Coroner M. D.

(Address) 210 E Pattapsco Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08511

08511 CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Elmtree St. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 65 yrs. --- mos. --- ds.

2. FULL NAME Joseph Zapotocky.

(a) Residence: No. 1513 Elmtree St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Antonio Zapotocky

6. DATE OF BIRTH (month, day, year) October 20, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker millwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia.

FATHER

13. NAME John Zapotocky.

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia.

MOTHER

15. MAIDEN NAME Marie Nigrin.

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia.

17. INFORMANT Marie Zapotocky. (wife)
(Address) 1513 Elmtree St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Jan 15 1935

19. UNDERTAKER Smith Bydeck for
(Address) 1906 Eutaw St.

... 19... Registrar.

JAN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

1/12/35 (Address) 1017 N. Charles St.

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08512

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4723 Park Heights Ave. St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth 65 yrs. mos. ds.

2. FULL NAME Mary Shelley

(a) Residence: No. 4723 Park Heights Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 14 1935

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dr. Wm. A. Shelley

6. DATE OF BIRTH (month, day, year): May, 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Thomas Tuttle

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Katherine Croll

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Edna A. Lippert
(Address): 4723 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/15/35 19

19. UNDERTAKER: C. Vernon Lemmon.
(Address): 4611 Park Heights

19. [illegible] 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12, 35 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 34, 19 to Jan 12, 19 35

I last saw her alive on Jan 12, 19 35. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Oct 34
Arterio sclerosis with hypertension	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 4710 Liberty Rd

X. D/B 1934

F 08513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08513

CERTIFICATE OF DEATH

52

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S. Fremont St., 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Maylot

(a) Residence: No. 523 S. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marcia A. Maylot

6. DATE OF BIRTH (month, day, year): 9-21-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. J.

FATHER

13. NAME: Benjamin Maylot

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs. D. Wilson

(Address) 122 S. Casey St

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Hall Md. Date 1/15 1935

19. UNDERTAKER: Frederick A. Cole

(Address) 1200 W. Lombard St

20. FILED 19 Registrar

JAN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of face	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zollers M. D.

(Address) 2709 Eastern Ave

X. B.—WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S G

M. D. B. 1268-9

F 08514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Evans

(a) Residence: No. 562 Orchard st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 7, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME William Evans

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Rose Smith

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Jan 14 19 35

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

JAN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1933, to January 10, 1935

I last saw him alive on January 10, 1935 Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer M. Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 08515

F 08515 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

347-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Kelley

(a) Residence: No. 1707 Eastend Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert Kelley

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Katherine Lear

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place J. H. Med School Date Jan 14, 1935

19. UNDERTAKER (Address)

Filed ..... 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1934 to Jan. 8, 1935

I last saw h alive on Jan. 8, 1935 Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 to 7 da
Other contributory causes of importance:	
	over

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I P Magiel M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 14 1935

(102)

M. D. B. 7268-9

F 08516

F 08516 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 76 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Dannatel

(a) Residence: No. Balto. City Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/12/1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Dannatel

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Eliz. Stoll

16. BIRTHPLACE (city or town) (State or country) Phila, Pa.

17. INFORMANT Records, B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Jan 11, 1935

19. UNDERTAKER
(Address) Huntington Williams, Inc.

20. FILED JAN 14 1935 19 6 14 Registrar.

1926

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/11, 1934 to 1/11, 1935

I last saw him alive on 1/11 1935 Death is said to have occurred on the date stated above, at 4.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	4 days
Other contributory causes of importance: Cerebral hemorrhage, left.	?

Name of operation Date of NO

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 08517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Henderson

(a) Residence: No. 1135 E. Baltimore St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Russia

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anna —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Jan 14 1935

19. UNDERTAKER

(Address)

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1935 to Jan 5 1935

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride Poisoning	Jan 4/35
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 19.....

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08518

F 08518 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH West Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bruce & Druid) St. 21 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie Carlin (Minnie Carlin)

(a) Residence: No. 722 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lawrence B. Carlin

6. DATE OF BIRTH (month, day, year) June 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Heineke

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Mathew Carlin
(Address) 722 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 15 19 35

19. UNDERTAKER Joseph M. Cook
(Address) 1003 N. Baltimore St.

20. FILED ... 19 ... Registrar.

JAN 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1935, to January 12, 1935

I last saw h[illegible] alive on January 12, 1935 Death is said to have occurred on the date stated above at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypostatic Pneumonia	
Mo Congestive Failure	Dec. 24

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Ackerman M. D.

(Address) West Baltimore Gen'l Hosp

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 08519

F 08519 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-A

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. 4512 Woodlawn Road St. 27 Ward)

Length of residence in city or town where death occurred About 65 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philippa Young Starr

(a) Residence: No. 4512 Woodlawn Road, St., Roland Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) ---

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 69	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel W. Starr

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Katharine Norton

16. BIRTHPLACE (city or town) (State or country) --- Vermont

17. INFORMANT Miss Elizabeth E. Starr
(Address) 4512 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery 1/16 1935

19. UNDERTAKER Henry W. Peat & Son
(Address) 800 N. Eutaw St.

20. FILED JAN 14 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/9 1935 to 1/13 1935

I last saw her alive on 1/13 1935 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Broncho Pneumonia	
Other contributory causes of importance: (b) Carcinoma	

Name of operation --- Date of ---

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry F. Cave M. D.

(Address) 1 Upton Rd.

V 6 3

...information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

08520 F 08520

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hosp. St. 17 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Barnett

(a) Residence: No. 3426 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1873

7. AGE: Years 61; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Ozella Nickelson 361 Preston

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemt. Date Jan 15th 1935

19. UNDERTAKER (Address): Elroy D. Wilson 1010 E. Brantley Ave

Registrar. 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 .....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Heart Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Lynk Coroner, M. D.

(Address) Coroner

JAN 14 1935

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21. D. B. 1268-9

F 08521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08521

95-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Deepdene Road 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Riggs Levering

(a) Residence: No. 725 Deepdene Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of Late Leonidas Levering

6. DATE OF BIRTH (month, day, year) Nov 16th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Taylor Keys

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rebecca Norris

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT H. H. White

(Address) 725 Deepdene Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Ce Date Jan 20 1935

19. UNDERTAKER Henry Hopkins Sons Co

(Address) Oxford & Wolfe Sts

21. FILED Jan 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1934 to Jan. 13 1935

I last saw h~~er~~ alive on Jan 13 1935. Death is said to have occurred on the date stated above, at 4.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	2 days
Other contributory causes of importance: Arterio-Sclerosis	6 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jane C. Clark, M. D.

1.14.35 (Address) Med. Arts Bldg.

N. B.—WRITE PLAINLY, WITH INDIA INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 14 1935

M. D. B. 1368-9

F 08522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08522

157-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Hope St St. 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Barrett

(a) Residence: No. 1904 Hope St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jos Jordon Barrett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Thelma Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Thelma Barrett Mother

(Address) 1904 Hope St

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Mc Jan 15, 1935

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 703 S. Wolfe St

21. FILED JAN 14 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14-35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h alive on ..... 19... Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Livida	1-14-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 14 1935

M. D. F. 1268 F 08523

F 08523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 123-N. Clinton Street St., 26 Ward)

Length of residence in city or town where death occurred life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME CARROLL HARTMAN LANE

(a) Residence: No. 3516-Noble Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence (Murphy)

6. DATE OF BIRTH (month, day, year) Jan. 5th, 1900

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or .....
35	-	8	XxXx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not working

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benj. H. Lane

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Alberta McMahon

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Florence Lane
(Address) 3516-Noble Street

18. BURIAL, CREMATION, OR REMOVAL 1/16/35
Place Mt. Carmel Cemetery, 19

19. UNDERTAKER [illegible]
(Address) 1735-Harford Ave.

JAN 15 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

K

V S S

M. D. B 1268-9

F 08524

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08524

CERTIFICATE OF DEATH

V 167

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2518 Jefferson St St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jacob Sanders

(a) Residence: No. 4310 E. Biddison Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Sanders

6. DATE OF BIRTH (month, day, year) March 10/1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as saw mill, bank, etc. National Color Printing Co

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Sanders

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Silver

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dora Sanders

(Address) 4310 E. Biddison Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 16 19 35

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 15 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol Shot wound thru roof of mouth	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Jan 12/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In brother's home-bath room

Manner of injury 2518 Jefferson St

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 508 E Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 08525

M. D. B. 1968-3

F 08525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Robb St., 9 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Tices

(a) Residence: No. 2008 Robb St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Priscilla V. Tices

6. DATE OF BIRTH (month, day, year) Jan 8th 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) West Moreland Co Va.

FATHER

13. NAME William Tices

14. BIRTHPLACE (city or town) (State or country) West Moreland Co Va

MOTHER

15. MAIDEN NAME Anna H. Butler

16. BIRTHPLACE (city or town) (State or country) West Moreland Co Va

17. INFORMANT Priscilla T. Tices

(Address) 2008 Robb St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 15th 1935

19. UNDERTAKER Wm Coppage

(Address) 1217 St Paul St

FILED JAN 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1934 to Jany 12 1935.

I last saw h~~im~~ alive on Jany 12 1935. Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

Uremic poisoning

Chronic Interstitial Nephritis

Other contributory causes of importance:

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm C. Pillsbury M. D.

(Address) 715 Cedarcroft Rd.

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CS 3

M. D. B. 1268 F 08526 F 08526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-8

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.

CITY OF BALTIMORE: (No. 1213 Light St. St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Seibert

(a) Residence: No. 1705 E. Preston St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE~~ Mary E. Seibert

6. DATE OF BIRTH (month, day, year) Nov 15th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Factory

10. Date deceased last worked at this occupation (month, day, year) Jan 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Seibert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mamie Sharey

(Address) 1705 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Jan 16th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. [illegible] Registrar.

JAN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1935 to Jan 13 1935.

I last saw him alive on Jan 13 1935. Death is said to have occurred on the date stated above, at 11:2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	
Dysphagia esophageal varix	

Other contributory causes of importance:

Cirrhosis of liver - atrophic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Wolf M. D.

(Address) 1213 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 126 F 08527

F 08527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles G. Peil

(a) Residence: No. 1511 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Fannie Peil

6. DATE OF BIRTH (month, day, year) Mar. 13, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chiropractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) ~~Germany~~ Racine, Wisconsin

FATHER

13. NAME John Peil

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz Tetarb

16. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

17. INFORMANT Mrs Fannie Peil

(Address) 1212 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 16th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 15 1935 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/17/34 1934 to Jan 13 1935.

I last saw h.. alive on Jan 13 1935. Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	
Bronchopneumonia	
Paralysis Gen.	

Other contributory causes of importance:

Name of operation Laparotomy Date of Jan 11

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08528

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Hanover St., 23 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Durand

(a) Residence: No. 1407 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Durand

6. DATE OF BIRTH (month, day, year) March 6, 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	7 10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Rev. W. F. Miller

(Address) 1407 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan. 15, 19 35

19. UNDERTAKER John J. Keeley

(Address) 715 Light St.

20. FILED JAN 15 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Jan 13 1935

I last saw her alive on Jan 8 1935 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	?

Other contributory causes of importance:

Myocardial degeneration	?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

(Address) 1715 Eutaw Place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-08529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08529

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 25 Ward)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald LeRoy Collison

(a) Residence: No. 410 Cambria St. Brooklyn St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 8, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Brooklyn, Balto
(State or country) Md.

FATHER

13. NAME Earl P. Collison

14. BIRTHPLACE (city or town) Curtis Bay,
(State or country) Md.

MOTHER

15. MAIDEN NAME Lola B. Lowman

16. BIRTHPLACE (city or town) Brooklyn,
(State or country) Md.

17. INFORMANT Mr. Earl P. Collison
(Address) 410 Cambria St., Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 16, 1935

19. UNDERTAKER John F Denny
(Address) 715 Light St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at 9.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributary causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. S. Mace M. D.
Coroner

(Address) 108 E. North Ave

M. D. B. 1968-9

F 08530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08530

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3431 Piedmont Ave. St. 15 Ward)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Johana Douglas

(a) Residence: No. 3431 Piedmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John B. Douglas

6. DATE OF BIRTH (month, day, year) May 3, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME August Batz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Heine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Charles L. Bucey
(Address) 3431 Piedmont Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 15, 1935

19. UNDERTAKER John J. Gleeny
(Address) 715 Light St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1935

22. I HEREBY CERTIFY. That I attended deceased from April 10, 1934, to January 13, 1935

I last saw her alive on January 12, 1935 Death is said to have occurred on the date stated above, at 10:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic myocarditis	?
Auricular Fibrillation	?
Decompensation	1934

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. Wesley Edel, M. D.

(Address) 2806 Garrison Blvd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 08531

F 08531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34 b

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Charmes

(a) Residence: No. 712 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) 0040

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel Berry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alice Johnson

(Address) 133 W. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 1/15/ 1935

19. UNDERTAKER Francis A. Hemsley

(Address) 518 W. Biddle St.

26. FILED — 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1934 to January 12 1935

I last saw h[illegible] alive on Jan 12 1935 Death is said to have occurred on the date stated above, at 5:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Aneurism	?
Mediastinal & Oesophageal Compression	10 1 32
Pulmonary Edema	
Cardiac Failure	
Other contributory causes of importance:	
Bronchitis	unk

Name of operation Exploratory Date of 1/12/35

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. [illegible] M. D.

(Address) University Hospital

V.S.3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 08532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08532

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Montpelier St., 9 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie M. Streett

(a) Residence: No. 1728 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter P. Streett

6. DATE OF BIRTH (month, day, year): May 21 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Wm Wilkinson

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Georgiana Garber

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Effie Spurlock 1728 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Baltimore Date 1/16/35

19. UNDERTAKER (Address): Philip Herwig Sons 2016 Thames St

20. FILED: JAN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 26 1931 to January 12 1935

I last saw her alive on January 7 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 1931
Chronic Myocarditis — "

Other contributory causes of importance: Cerebral Hemorrhage 1/12/35

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Singewald, M. D.

(Address) 1613 E. Monument Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 15 1935

M. D. P. 1268-0

F 08533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08533

V 107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Lenze

(a) Residence: No. 4004 Rogers Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 17-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockville Md.

FATHER

13. NAME Noah Lenze

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara R.?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 1/16 1935

19. UNDERTAKER Mary A. Gantt & Son

(Address) 2233 Rayner.

Dec. FILED JAN 15 1935 Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10 1935 to 1-14 1935

I last saw her alive on 1-14 1935 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicose ulcers	?
Other contributory causes of importance: Bronchopneumonia	5 dys

Name of operation none Date of

What test confirmed diagnosis? physical there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Samuel H. Garst M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1295 F 08534 F 08534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 S. Conkling St. 176 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Anton

(a) Residence: No. 923 S Conkling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine.

6. DATE OF BIRTH (month, day, year) April 2 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) John Anton. Germany

MOTHER

15. MAIDEN NAME Gertrude ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Anton

(Address) 923 S Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 17 1935

19. UNDERTAKER Lilly & Feiler Inc

(Address) 403 S Bridge St.

20. FILED Jan 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935, to Jan 13, 1935

I last saw h.[illegible] alive on Jan 13, 1935. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Jan 2	1935
Hypertrophy.	1920
Nephritis	1928

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Beetham M. D.

(Address) 3507 Fait Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9 F 08535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08535

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Chilton St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME GORDON WILLIAM ROBERTSON

(a) Residence: No. 1823 Chilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annabelle Lang Robertson

6. DATE OF BIRTH (month, day, year) June 21.1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) Jan.1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Robertson

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Margaret Shiffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Annabelle Robertson

(Address) 1823 Chilton St.

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Jan.15.1935
Place Date 19

19. UNDERTAKER HENRY SANDER & SONS, INC. Per J. Sander

(Address) Baltimore & Broadway.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan.12.1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.10p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	

Other contributory causes of importance:

Undetermined

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Lions Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

AACo. S 2500 F 08536

F 08536

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Carlton Sts. 76 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Wett (IDA ELIZABETH WETT)

(a) Residence: No. 1118 S. Highland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Wett

6. DATE OF BIRTH (month, day, year) Mar. 13, 1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	63	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Milke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Isabelle Hutson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr. Frank E. Wett (Husband)
(Address) 1118 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cem. Date Jan. 15, 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry Sander
(Address) Baltimore & Broadway.

FILED ..... 19..... Registrar.

JAN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1935, to 1-12, 1935

I last saw h[illegible] alive on 1-12, 1935. death is said to have occurred on the date stated above, at 5[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Coronary Thrombosis	
2 Diabetes Mellitus	
Other contributory causes of importance:	
1 Myocardial failure	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. L. Somers, M. D.

(Address) Franklin Square Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F-08537 F 08537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Fulton & Catons 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Warfield

(a) Residence: No. 351 Calloway Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 12, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1 day			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Donald H. Warfield

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Mary Worley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Donald H. Warfield
(Address) 351 Calloway Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan. 15, 35

19. UNDERTAKER Wm. Mitchell Sons
(Address) North & Fremont Ave.

20. FILED ... 19... ... Registrar.

JAN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1935 to Jan. 13, 1935.
I last saw her alive on Jan 13 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	Jan 12, 35
Cephalhematoma	Jan 12 35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carl G Barhyte M. D.
(Address) St Agnes Hosp

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9 F 08538

F 08538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 212 Augusta ave St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Gertrude Schnappinger

(a) Residence: No. 212 Augusta ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles F. Schnappinger

6. DATE OF BIRTH (month, day, year): May 22-1863

7. AGE: Years 71 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Gissel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Wurts

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Charles F. Schnappinger

(Address) 212 Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Jan 16 19 33

19. UNDERTAKER: P. J. Dreyer & Son

(Address) North & Pennsa

20. FILED: JAN 16 1933 19 ..... Registrar

JAN 16 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from March-16. 1933 to Jan-13. 1935

I last saw her alive on Jan 13. 1935 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Hypertension	
Myocarditis	10 yrs.
Angina Pectoris	5-10 c.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. Lloyd Johnson M. D.

(Address) Catonsville, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-3 F 08539

F 08539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 15 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Hankin

(a) Residence: No. 4200 Pimlico Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mollie Hankin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Simon Hankin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Edward Hankin

(Address) 4200 Old Pimlico Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1/17/35 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St

20. FILED JAN 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/10/35 19 to 1/15/35 19

I last saw him alive on 1/15/35 19 Death is said to have occurred on the date stated above, at 1.25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo-Nephritis	1 wk.
Enlarged Prostate Hypertrophy	3 1/2 yrs

Other contributory causes of importance:

Name of operation Suprapubic Cystotomy Date of 12/10/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Paul L Gardiner M. D.

(Address) Sinai Hosp.

S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08540 F 08540

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1510-14 Gilmore St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Robinson

(a) Residence: No. 5330 Denmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A.A.	Widow

5a. If married, widowed, or divorced (or) WIFE of Louis Robinson

6. DATE OF BIRTH (month, day, year) 1870?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64 65	64	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) unk

11. Total time (years) spent in this occupation unk

12. BIRTHPLACE (city or town) (State or country) Green Spring Valley Maryland

FATHER

13. NAME John Breckenridge

14. BIRTHPLACE (city or town) (State or country) Green Spring Valley Maryland

MOTHER

15. MAIDEN NAME Alice Buckallen

16. BIRTHPLACE (city or town) (State or country) Green Spring Valley Maryland

17. INFORMANT Adell Forman Adopted daughter

(Address) 1229 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 15, 1935

19. UNDERTAKER Mrs Katie F. Williams

(Address) 322 N Schroeder St.

20. FILED JAN 15 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/5, 1935, to 1/11, 1935

I last saw her alive on 1/11, 1935. Death is said to have occurred on the date stated above, at 9.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	1/6/35
Hypertensive Cardio-vascular renal disease	Indefinite

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker Street

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. P. 1267-8

F 08541

F 08541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 Guzman Falls Parkway St., 15 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Juan José Ariosa

(a) Residence: No. 3113 Guzman Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy Schofield Ariosa

6. DATE OF BIRTH (month, day, year) Oct 17 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator in Havana Cuba

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havana Cuba

FATHER

13. NAME Juan José Ariosa

14. BIRTHPLACE (city or town) (State or country) Havana Cuba

MOTHER

15. MAIDEN NAME Maria Gaston

16. BIRTHPLACE (city or town) (State or country) Havana Cuba

17. INFORMANT Dorothy Schofield Ariosa

(Address) 3113 Guzman Falls Park Way

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date Jan 16 1935

19. UNDERTAKER Chas. B. Black

(Address) 742 W. Fayette ave

20. Filed Jan 15 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14/35 19

22. I HEREBY CERTIFY, That I attended deceased from June 8 1935 to Jan 14/35 19

I last saw him alive on Jan 14/35 19 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Jan 8/35

Other contributory causes of importance:

Lobar pneumonia	Jan 8/35

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Hulbert M. D.

(Address) 2220 Garrison Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

F 08542

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08542

CERTIFICATE OF DEATH X 157-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Md Gen. Hosp St. 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Lawson

(a) Residence: No. Md Gen. Hosp (Usual place of abode) St., ... Ward. Rustleton Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Harvey Lawson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Libbie E. France

16. BIRTHPLACE (city or town) (State or country) Balto Co

17. INFORMANT Harvey Lawson

(Address) Rustleton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place David Lodge Date Jan 15 19 35

19. UNDERTAKER J. F. Elmer & Sons

(Address) Rustleton Md

20. FILED JAN 15 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 19 35

22. I HEREBY CERTIFY, That I attended deceased from 1-14-35, 19 .. to 1-15-35, 19 ..

I last saw h[illegible] alive on 1-15-35, 19 .. Death is said to have occurred on the date stated above, at 12 (m).

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Lesion	1-14-35

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Stetler M. D.

(Address) Md. Gen. Hosp.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08543 F 08543

CERTIFICATE OF DEATH X 46-6

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Baer Gelfand

(a) Residence: No. 401 Wilkes St., Alexandria, Virginia Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Olga Gelfand

6. DATE OF BIRTH (month, day, year) May 16, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Alfred Gelfand

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fay —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Albert Gelfand (Address) 401 wilkes st Alexandria Va

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herring Run Place Date Jan 15 1935

19. UNDERTAKER Sol Levinson + Bros (Address) 1127 E Balto st.

20. FILED ... 19... Registrar.

JAN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1934 to Jan. 15, 1935

I last saw him alive on Jan. 15, 1935. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	?

Other contributory causes of importance:

Name of operation Resection of esophagus Date of 1/14/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard V. Hauser M. D.

(Address) Church Home + Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 1268-A

F 08544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08544

CERTIFICATE OF DEATH

106-B

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 N. Central Ave St., 9 Ward)

Length of residence in city or town where death occurred 85 yrs. 6 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

85-6-28

2. FULL NAME Gurth Elizabeth Jones

(a) Residence: No. 1303 N Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Henry Jones

6. DATE OF BIRTH (month, day, year) June-15-1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Lucas

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Susanna Bennett

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Cecelia C. Johns Daughter

(Address) 1303 N Central Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Drummond Ind. Date Jan. 6 30 19

19. UNDERTAKER Stewart Mowen Co.

(Address) 39 W North Ave.

20. FILED JAN 6 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ... 19...

I last saw h... alive on Dec 12/34 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance: Probably Chr Bronchitis (Emphysema)	??

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) D H Lauer Coroner, M. D.

(Address) 506 E Lovell

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08545

F 08545 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH University Hospital, Baltimore Md (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Christie

(a) Residence: No. 1003 W Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) Feb 2 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	12	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER - FATHER

13. NAME Henry Dahl

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Annie Dearback

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Earl Jennings (Address) 429 S. Talbot St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Jan 16 1935

19. UNDERTAKER Vernon Kupper (Address) 153 Hollins St

Huntington Williams Md

JAN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/11 1935 to 1/13 1935

I last saw h[illegible] alive on 1/13/35 1935. Death is said to have occurred on the date stated above, at 9:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis & Cachexia	
Cardiac Decompensation	12/20

Other contributory causes of importance: none

Name of operation ..... Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elias L. Goodhand M. D.

(Address) University Hospital, City

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08546

HEALTH DEPARTMENT—CITY OF BALTIMORE

08546

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Horace Wyatt

(a) Residence: No. 912 N Fulton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — 2

6. DATE OF BIRTH (month, day, year) 2

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Wyatt

(Address) 912 N Fulton St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date Jan 15, 1935

19. UNDERTAKER Ernest Pree

(Address) 1534 W Henrietta St

Jan 15 1935 Attending Physician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) S Sturevant MD, M. D.

(Address) 1305 N Patterson Park Ave Former

Filed JAN 15 1935

Registrar

Exactness of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

F 08547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08547

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 E. C. Ward)

Registered No. 107-a

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Harris

(a) Residence: No. Ellicott City Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	W

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med School Date Jan 13 1935

19. UNDERTAKER

(Address)

20. FILED JAN 13 1935 Thomas Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1935 to Jan 10, 1935

I last saw him alive on 1-10-35, 1935 Death is said to have occurred on the date stated above, at 6 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Confluent Bronchopneumonia rt lung	1-1-35
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Burgtorf Jr M. D.

(Address) Univ. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08548

08548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Kemp A

(a) Residence: No. 805 N Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single.

6. DATE OF BIRTH (month, day, year) 12-20-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) University Hospital

FATHER

13. NAME Irvin Kemp

14. BIRTHPLACE (city or town) (State or country) Balto; Md.

MOTHER

15. MAIDEN NAME Mary Frances Biggs

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Frances Kemp.
(Address) 805 N Fulton St.

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Jan 15 1935

19. UNDERTAKER
(Address) Huntington Williams, N.D.

20. FILED Registrar.

No 151935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-11-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-20-34. 19 to 1-11-35 19

I last saw him alive on 1-11-35. 19 Death is said to have occurred on the date stated above, at 3 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	12-20-34
Other contributory causes of importance: Prematurity	12-20-34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) City Hosp.

M. D. B. 1268-9

F 08549

F 08549 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice Rolf Woulfe

(a) Residence: No. 111 N. Dvord St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4/17/87

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Court House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Richard Wolfe

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ellen Norrigan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Thomas Wolf Boo.

(Address) 111 N. Dvord St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/17/35

19. UNDERTAKER John J. Cowan & Co

(Address) 901 Hollins St.

Filed 19 Registrar.

JAN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/35

22. I HEREBY CERTIFY, That I attended deceased from 1/11/35 to 1/14/35

I last saw him alive on 1/14/35 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roberta Cate M. D.

(Address) Balto. City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-3

F 08550

08550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Mitchell

(a) Residence: No. 1621 Walls. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Matthews Mitchell

6. DATE OF BIRTH (month, day, year) 7/4/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East Shore Md

FATHER

13. NAME Isaac Fields

14. BIRTHPLACE (city or town) (State or country) E. Shore Md

MOTHER

15. MAIDEN NAME Sarah Tippin

16. BIRTHPLACE (city or town) (State or country) E. Shore Md

17. INFORMANT Rebecca Mitchell (Stepson)

(Address) 1621 Walls St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 16 . 1935

19. UNDERTAKER Luther Gross

(Address) 1408 Westwood Ave

20. FILED . 19 Registrar.

JAN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/5 . 1933 to 1/12 . 1935

I last saw her alive on 1/12 1935 Death is said to have occurred on the date stated above, at 8 29/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 days
Other contributory causes of importance: Cerebral hemorrhage, rt.	4 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Peete . M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 08551

M. D. F 2695 F 08551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Park Ave St., 14 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Buffington Warner

(a) Residence: No. 1518 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Redclam R. Warner

6. DATE OF BIRTH (month, day, year) Nov. 17, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Windsor Md.

FATHER

13. NAME Dr. J. H. Buffington

14. BIRTHPLACE (city or town) (State or country) Manchester Md.

MOTHER

15. MAIDEN NAME Emma Thorburn

16. BIRTHPLACE (city or town) (State or country) Albany N.Y.

17. INFORMANT Mrs. Thorburn A. Fiske

(Address) Severna Park, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Williamsport Md. Date Jan. 16 1935

19. UNDERTAKER Wm. Tuckey Sons

(Address) North Paines

20A. FILED JAN 13 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan-12- 1935 to Jan-13- 1935

I last saw her alive on Jan 13 1935 Death is said to have occurred on the date stated above, at 10.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion. (Angina Pectoris) (Heart Attack)	1/12/35

Other contributory causes of importance: Arteriosclerosis, general?

Name of operation No Date of operation No autopsy

What test confirmed diagnosis? Clinical Signs

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Cole M. D.

(Address) 2207 Garrison Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

F 08552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08552

93-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048 Brantley Ave Ward 16)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Glodiola Johnson

(a) Residence: No. 1048 Brantley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lawrence Johnson

6. DATE OF BIRTH (month, day, year) Feb 14 - 897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	27	

OCCUPATION

8. Trade, profession, of particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert L. Marshall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bowen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lawrence Johnson

(Address) 1048 Brantley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 1/15/35 19

19. UNDERTAKER Wm. Lee & Holland

(Address) 1611 Druid Hill Ave

Huntington Williams, Inc.

N 15 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/11/35

22. I HEREBY CERTIFY, That I attended deceased from 12/29/34, 19.. to 1/11/35, 19..

I last saw her alive on 1/11/35, 19.. death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	12/29/34

Other contributory causes of importance:

Anemia & Low Blood pressure

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Ernest Bowley M. D.

(Address) 574 N. Carrollton Ave

AFTER CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08553

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08553

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. St., 14 3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Norton

(a) Residence: No. 556 Gold St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Charles Thompson (friend)
(Address) 556 Gold St.

18. BURIAL, CREMATION, OR REMOVAL.
Place U. Md. Med School Date Jan 15, 1935

19. UNDERTAKER
(Address)

FILED ....., 19..... Registrar.

JAN 15 1935 1037 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-22-, 1934, to 1-13-, 1935. I last saw him alive on 1-13-, 1935. Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable t.b. of peritoneum?	11-22-34
Probable cirrhosis of liver?	11-22-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. R. Cooley M. D.

(Address) Provident Hosp.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

108554

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 16 Ward)

Registered No. 108554

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Handy

(a) Residence: No. 1707 Laurens St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Body

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Given 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Helen Roy Handy

(Address) 1707 Laurens St

18. BURIAL, CREMATION, OR REMOVAL

Place U of M Med School Date Jan 15 1935

19. UNDERTAKER

(Address)

20a FILED ... 19...

Registrar.

JAN 15 1935 1088

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1934 to 1-5 1935.

I last saw him alive on 1-5 1935. Death is said to have occurred on the date stated above, at 6 a.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro enteritis	12-24-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. MacDonald M. D.

(Address) Provident Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 08555

08555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 S. Mason St., 26 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Boules

(a) Residence: No. 506 S. Mason St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Bertha Boules

6. DATE OF BIRTH (month, day, year) Oct 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Theodore Boules

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Mrs. Bertha Boules

(Address) 500 Macon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 1/16/ 1935

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED ... 19 ... Registrar

JAN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Indigestion

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) S. S. Stevens M.D. M. D.

(Address) 1304 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. P. 1268-9

F 08556

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08556

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2003 W. Pratt St.

CITY OF BALTIMORE: (No. St., 70 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene O. Pence

(a) Residence: No. 2003 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

3a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Bernice Pence

6. DATE OF BIRTH (month, day, year) April 22/10

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	24	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman Postal Telegraph.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Dick Eugene Pence.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elsie Armstrong

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Bernice Pence.
(Address) 2003 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisonburg Va Date Jan. 16 . 1935

19. UNDERTAKER George L. Lehmat.
(Address) 2101 Pennsylvania Ave.

N 151935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 . 1935 to Jan 14 . 1935

I last saw h~~im~~ alive on Jan 14 . 1935 Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/1/35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gilbert Scagnelli M. D.

(Address) 1729 W. Lombard St

F. 15

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 08557

F 08557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~1.E~~ 4010 Alto Ave ST. 15 WARD)

2—FULL NAME J. Eugene Simmers

(a) RESIDENCE NO. 4010 Alto Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Dora E. Simmers.

6 DATE OF BIRTH (month, day, and year) Nov 19-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	60	1	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk. Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Talbot County Md

PARENTS

10 NAME OF FATHER Samuel A Simmers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER Anna L. Ross.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co. Md.

14 Informant C. A. Simmers

(Address) 4010 Alto Road

15 Filed JAN 15 1935, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 15. 35

17 I HEREBY CERTIFY, That I attended deceased from Jany 13, 1935, to Jany 15, 1935

that I last saw him alive on Jany 14, 1935

and that death occurred, on the date stated above, at 1.30 a. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ✓ yrs. ✓ mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) 2 yrs ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) Geo. C. Shannon, M. D.

1/15, 1935 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md

DATE OF BURIAL JAN 17, 1935

20 UNDERTAKER Geo W Settle

ADDRESS 2700 EDMONDSON AVE

Important. See instructions on back of certificates.

M. D. P. 1268-9

F 08558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08558

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Jesse~~ Calvin C. Harper

(a) Residence: No. 6824 Bel Claire St., Rd. Ward. Sparrows point Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Cora Harper

6. DATE OF BIRTH (month, day, year) Feb 24 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steelworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Steel~~ St. Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jesse Harper

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ~~Unknown~~ Thompson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Fredericksburg Va Date 1/16/35

19. UNDERTAKER J. Hyerhymus & Son

(Address) 3 E. S. Broadway

Filed 15 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1935 to Jan 15 1935

I last saw him alive on Jan 15 1935 Death is said to have occurred on the date stated above, at 2:52 m

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia type III — Date of onset 1-4-35

Bronchial Asthma

Other contributory causes of importance:

Healed apical ~~tbc~~ fibrosis, probably tbc.

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify .....

(Signed) R. Carmichael Leigh M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 08559

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08559

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Parker

(a) Residence: No. 1443 N Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Parker

6. DATE OF BIRTH (month, day, year) Sept 3, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or, min.
	77	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co md

FATHER

13. NAME Wm. Williams

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Rosa Williams

15. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT George J. Parker

(Address) 1443 N mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem Date Jan 15, 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

JAN 15 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1935, to 1-12, 1935.

I last saw her alive on 1-13, 1935. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	12-26-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Short M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 08560

F 08560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34 - 108

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Buckingham.

(a) Residence: No. 1275 S. Broadway. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Buckingham

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Gustav Wirth friend

(Address) above address

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Cem Date Jan 18 1935

19. UNDERTAKER Wendell J. Tippel

(Address) 3003 Eden St

20. FILED JAN 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/7 1935 to 1/14 1935

I last saw her alive on 1/14 1935 Death is said to have occurred on the date stated above, at 3 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12/31/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reyle M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

3

M. D. F 1268-9

F 08561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08561

CERTIFICATE OF DEATH

93-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie D'Melia.

(a) Residence: No. 6045 S. Bond. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard D'Melia.

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Husband (Address) above address.

18. BURIAL, CREMATION, OR REMOVAL Place St. Pauls Mt. Carmel Date Jan 14 35

19. UNDERTAKER Wendell J. Zipfel (Address) 200 S. Eden St.

20. FILED JAN 16 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/18 1934 to 1/15 1935

I last saw her alive on 1/15 1935 Death is said to have occurred on the date stated above, at 10 20/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1932
Chronic bronchitis	7 mo.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Ryte M. D.

(Address) Balto City Hosp.

FB 3

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH in plain terms, so that it may be properly classified.

M. D. F. 1068-9

F 08562

F 08562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Little Sisters of the Poor, 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Jones (Francis Warring Jones)

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Byrd Jones

6. DATE OF BIRTH (month, day, year) October 31 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53-04	82	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) A. A. County (State or country) Maryland

FATHER

13. NAME Joseph F. Jones

14. BIRTHPLACE (city or town) A. A. County, Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth E. Warring Waring

16. BIRTHPLACE (city or town) A. A. County, Md. (State or country)

17. INFORMANT Sister Stanislas, Superior (Address) Little Sisters of the Poor - 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL Baldwin Memorial M.E. Church Cemetery Place Millersville, Md. Jan. 16, 1935

19. UNDERTAKER Joseph H. Nook (Address) 1003 E. Baltimore St.

JAN 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 14 January, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933, to Jan 14, 1935

I last saw her alive on Jan 11, 1935 Death is said to have occurred on the date stated above, at 7.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?

Other contributory causes of importance:

Arterio Sclerosis	?
Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. Mc Carter, M. D.

(Address) 111 E. Lexington St.

OCCUPATION is very important. See instructions on back of certificate. EXACT statement of

M. D. B. 1268-9 **F 08563** **F 08563**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 811 N. Charles St., 11 Ward)

Length of residence in city or town where death occurred 72 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William S. Kircher

(a) Residence: No. 811 N. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) Aug. 17, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	72	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H. Kircher

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Ann Fahey

16. BIRTHPLACE (city or town) (State or country) -------- Maryland

17. INFORMANT Miss Mary Regina Kircher
(Address) 811 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 1/17 1935

19. UNDERTAKER Henry L. Marx Son
(Address) 800 N. Eutaw St.

20. FILED JAN 16 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1934, to Jany 14, 1935

I last saw him alive on Jany 14, 1935. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/11/35

Other contributory causes of importance:

Arterio-Sclerosis	7/1/34

Name of operation None Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Mac O'Neill, M. D.

(Address) 108 N Eutaw Ave

OCCUPATION is very important. See instructions on back of certificate.

F 08564

M. D. F. 1268-3

F 08564

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-0

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Jeffrey St., 25 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adolph Wagner

(a) Residence: No. 501 Jeffrey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Margt Wagner

6. DATE OF BIRTH (month, day, year) July 2 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs. Cabretta

10. Date deceased last worked at this occupation (month and year) 0 0

11. Total time (years) spent in this occupation 0 0

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margt Wagner

(Address) 501 Jeffrey St

18. BURIAL, CREMATION, OR REMOVAL Date Jan 18 1935

Holy Cross Cem

19. UNDERTAKER E & B Hasler

(Address) 113 E West St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1935 to Jan. 15 1935

I last saw h(im) alive on Jan 15 1935 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	about 15 Yrs 10 Mos
Other contributory causes of importance:	
apoplexy	about 3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frederick Ewald M. D.

(Address) 2915 St. Paul St

V-82-3

1935

M. D. P. 1269-9

F 08565

F 08565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Welsh

(a) Residence: No. 5 W. Heath St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) DEC 25 / 34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robt Decatur

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Helen Welsh

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Helen Welsh Mother

(Address) 5 N Heath St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan. 16 1935

19. UNDERTAKER E & B Hafer

(Address) 115 E 23rd St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-7 1935 to 1-15-35 19...

I last saw her alive on 1-15-35 19... Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset 12-25-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

3

M. D. B. 1268-3 **F 08566** **F 08566**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Washington Blvd St., 2 Ward)

Length of residence in city or town where death occurred 83 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Einwaechter

(a) Residence: No. 705 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7 1849

7. AGE: Years 85 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alexander Einwaechter

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catharine Hoeger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fred. H. Einwaechter
(Address) 705 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL St. Paul's. Druid Hill Pk. Jan. Date 17 1935

19. UNDERTAKER Mrs Chas A G Rohde
(Address) 2327 Edmondson Ave

20. FILED JAN 19 1935 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Jan 17 1935

I last saw h[illegible] alive on Jan 17 1935 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hem. and age — Date of onset 12.10.34

Arteriosclerosis — 2 yr.

Other contributory causes of importance: Marasmic Condition of suffering — (illegible)

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Martin La Sloan M. D.

(Address) 5064 Fullerton Ave

M. D. P 1268

F 08567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08567

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Druid Hill Ave St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or ... where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred A. Johnson

(a) Residence: No. 1024 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha Johnson

6. DATE OF BIRTH (month, day, year): 1884

7. AGE: Years 50; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Toilet Articles

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Percy Johnson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Fannie Waters

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Martha Johnson

(Address): 1024 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem Date: 1/17/35

19. UNDERTAKER: Frances A. Wemsley

(Address): 518 W. Biddle St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. O. Luck, M. D. Coroner

(Address) Coroner

M. D. P. 1[illegible] F 08568 F 08568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Holcheft

(a) Residence: No. 437 E. 23rd St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not given.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Not given

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mildred Holcheft

(Address) 437 E - 23rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Jan 16th 1935

19. UNDERTAKER Mrs. Robert A. Elliott Daughter

(Address) 1129 Maryland Ave.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14- 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-12- 1935 to 1-14- 1935

I last saw h[illegible] alive on 1-14- 1935 Death is said to have occurred on the date stated above, at 3[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchial Pneumonia	12 2014

Other contributory causes of importance:

Name of operation [illegible] Date of No

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 08569 F 08569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-7 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 753 E. Preston St. St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Druschler

1a) Residence: No. 753 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May 6, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): 1/1935

11. Total time (years) spent in this occupation: 40+

12. BIRTHPLACE (city or town) (State or country): Johnsberry Pa.

FATHER

13. NAME: Michael Druschler

14. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

MOTHER

15. MAIDEN NAME: Anna A. Sibla

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mr. Druschler Brother 753 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Freedom Pa. Date: Jan 18, 1935

19. UNDERTAKER (Address): Edward W. Conklin 924 E. Eager St.

20. FILED: Jan 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 15th. 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Name of operation: Inquiry Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bauer Coroner M. D.

(Address) 708 E. Monument

See instructions on back of certificate. It is very important.

M. D. H. 1788-0

08570 HEALTH DEPARTMENT—CITY OF BALTIMORE 08570

CERTIFICATE OF DEATH

XV 112

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Edison Highway St., 26 Ward)

Length of residence in city or town where death occurred ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry W. Stintz

(a) Residence: No. 17 E. Maple Ave. Overlea St., ... Ward. ... Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances E. Stintz

6. DATE OF BIRTH (month, day, year) June 15 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Post Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Herman O. Stintz

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

15. MAIDEN NAME Mary A. Mohr

16. BIRTHPLACE (city or town) (State or country) Balto.Co. Maryland

17. INFORMANT Frances E. Stintz
(Address) 17 E. Maple Ave. Overlea

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Jan.18 1935

19. UNDERTAKER Gerhart Lampert Sons
(Address) 7401 Belair Road

FILED JAN 16 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14th. 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: History Bronchial Asthma	1

Name of operation ... Date of ...
What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner M. D.
(Address)

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

08571 F 08571

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkins Ave. St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Matthews

(a) Residence: No. 6437 Hartford Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~ Widowed, or Divorced (write the word)
M.	W	Widower

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Catherine Matthews.

6. DATE OF BIRTH (month, day, year) April 6, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66.	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Dakota

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William P. Matthews

(Address) 6437 Hartford Road

18. BURIAL, CREMATION, OR REMOVAL

St. Dominic, Irish Balto Co. Md. Date Jan 17, 1935

19. UNDERTAKER Chenowith & Son

(Address) 3615 Eastern Ave.

20. FILED JAN 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-28-34, 19 , to 1-15-35, 19

I last saw him alive on 1-15-35, 19 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 12-28-34

Cardiac Decompensation

Other contributory causes of importance:

Bronchopneumonia

Name of operation None. Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl G Dedrick, M. D.

(Address) 36 Hopkins Place

NOTICE—This information is very important. See instructions on back of certificate.

M. D. B. 1268 F 08572

F 08572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Gwynn Oak Ave. St., 28 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel May Ebert

(a) Residence: No. 3608 Gwynn Oak Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert E. Ebert

6. DATE OF BIRTH (month, day, year) May 9, 1888.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... m.n.
46	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel F. Brettain

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Ida B. Luck

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Robert E. Ebert
(Address) 3608 Gwynn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Date Jan. 16, 1935

19. UNDERTAKER Harry A. Mutzke
(Address) 4101 Knondson Ave.

20. FILED ... 19 ... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6/35 . 19 . to Jan 14/35 . 19 .
I last saw her alive on Jan 14/35 . 19 . Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor pneumonia	Jan 6/35

Other contributory causes of importance:

Labor pneumonia	Jan 6/35

Name of operation — Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dublett M. D.

(Address) 2220 Garrison Blvd

INSTRUCTION IS very important. See instructions on back of certificate.

M. D. B. 1268-9 F 08573

F 08573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 327

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Baker

(a) Residence: No. 3640 Keswick Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Baker

6. DATE OF BIRTH (month, day, year) July 31, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sergeant. 06'

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Northern District

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Henry S. Baker

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sarah Foreman

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Lee Baker

(Address) 3640 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL Woodland Memorial Park Date Jan 18, 1935

19. UNDERTAKER Churchill & Son.

(Address) 3615-17 Chestnut Ave

Jan 18 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1935, to Jan 15, 1935

I last saw him alive on Jan. 15, 1935. Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Generalized	?
Cerebral haemorrhage	1-13-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles H. Carley, M. D.

(Address) Union Memorial Hosp.

M. D. [illegible]

F 08574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08574

X 210-M

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David R. Leyshon

(a) Residence: No. 7 (Usual place of abode) Northship Rd., Dundalk St., ... Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Wm Leyshon

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Kirkwood

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm Leyshon
(Address) 7 Northship Rd, Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place Md Memorial Gdns Date 1/16/35 19

19. UNDERTAKER Henry Sandy & Son
(Address) Broadway & Baltimore

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 19..., to ..... 19.....
I last saw h alive on Jan 19... Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	
Automobile Accident	

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/12 1935
Where did injury occur? Eastern Ave nr Talna
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while
Nature of injury walking across Street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Lowry Coroner M. D.
(Address) 2200 E Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 **F 08575** **F 08575**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH Balto City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Belton

(a) Residence: No. 116 Perry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 16, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Mahala Pickens

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 1/16/35 19

19. UNDERTAKER Isaac L Brown & Son
(Address) 1082 W Montgomery St

20. FILED Jan 17 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1934 to Jan 13, 1935

I last saw him alive on Jan 13, 1935. Death is said to have occurred on the date stated above, at 6 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1 Wk
Pleurisy & Effusion - tuberculous	March 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Meyer W. Jacobson M. D.
(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268 F 08576 F 08576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-14

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E Hiltz

(a) Residence: No. 105 W 27th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Kenny

6. DATE OF BIRTH (month, day, year) Oct 23 1856

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	78	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self (Own Work)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles W Hiltz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Towson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Mary Hiltz

(Address) 105 W. 27th St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cathedral Cem Date 1-17 19 35

19. UNDERTAKER Albert L Hiltz Jr

(Address) 1030 W Lexington Street

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1935 to [illegible], 19..... I last saw him alive on Jan 14, 1935. Death is said to have occurred on the date stated above, at 6.30 P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	
Other contributory causes of importanre:	
Automobile Accident	

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1/14 1935

Where did injury occur? Oak St & 27th St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph P Kenny Coroner M. D.

(Address) 22 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

F 08577 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08577

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3502 Reisterstown Rd St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Harris

(a) Residence: No. 3502 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Bernard Richelson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Harris

(Address) 3502 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date Jan 16 1936

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto St

Jan 15 1936 Permit for Burial

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1936 to Jan 15 1936

I last saw h[illegible] alive on Jan 15 1936 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Jan 11 '36

Other contributory causes of importance:

Chronic Int Nephritis

Arterio Sclerosis. Duration

Nephritis

Name of operation — Date of —

What test confirmed diagnosis? None - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Abram B Freeman M. D.

(Address) 718 N. Patterson Park Ave

M. D. B. 1268-9

F 08578 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08578

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 409 Moore St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 00 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt Butler.

(a) Residence: No. 409 Moore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col'd
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Butler

6. DATE OF BIRTH (month, day, year) June 13 1865

7. AGE Years 69 Months 6 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jacquard Loom
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Ga

FATHER
13. NAME Jas Butler
14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER
15. MAIDEN NAME Esther Butler
16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Ida Butler
(Address) 409 Moore St

18. BURIAL, CREMATION, OR REMOVAL
Place Savannah Ga Date Jan 16th 1935

19. UNDERTAKER Archibald A. Gaddis
(Address) 218 N. Eutaw St.

20. FILED JAN 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., I last saw h... alive on ..., Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Leek Coroner, M. D.
(Address)

M. D. P. 1268-9

F 08579 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08579

CERTIFICATE OF DEATH 131

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 5th mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Husley Snowden

(a) Residence: No. 243 N. Carey St. St.; ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 1-19-1850

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
84	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stephen Snowden

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md. Date 1/19, 1935

19. UNDERTAKER Thos. E. Hickey Co.
(Address) Annapolis, Md.

Filed JAN 16 1935 Registrar, N.Y.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1934 to 1-13, 1935

I last saw him alive on 1-13, 1935 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertensive Cardio-vascular renal disease	?
Other contributory causes of importance:	
Congestive heart failure	?
Bilateral mid-thigh amputation	8 yrs ago

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Jacques Loth Jr. M. D.

(Address) Baltimore, Md.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08580 F 08580

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Quantico Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Celia Schloss

(a) Residence: No. 2523 Quantico Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Schloss

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon Schliss

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael Schliss

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Schloss
(Address) 2302 Ruskin Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Sinai Cem. 1/18/35

19. UNDERTAKER Jas. Leuro Inc
(Address) 1439 E. Balto St.

20. FILED JAN 18 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo Carditis	Jan. 16 1935
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Valentine M. D.
Coroner

(Address) 16 South Broadway

M. D. B 126-a

F 08581 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-a F 08581

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Abraham Beerfeld

(a) Residence: No. 5114 Queensbury Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Beerfeld

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 6

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Benjamin Beerfeld

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude Lowenstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mollie Beerfeld

(Address) 5114 Queensbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Date 1/16/ 1935

19. UNDERTAKER Jack Levin Inc.

(Address) 739 E. Balto. St.

20. FILED JAN 16 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Hemiplegia	

Other contributory causes of importance:

Hypertension etc.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Mauer, M. D. Coroner

(Address) 507 E. Monument

M. D. B. 1268-9

F 08582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08582

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3435 Park Heights Ave 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? 8 yrs. mos. ds.

2. FULL NAME Pessie Koplon

(a) Residence: No. 3435 Park Heights Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): 1866.

7. AGE: Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Morris

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Lottie

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sarah Polot

(Address) 3435 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Date: 1/16/35 19

19. UNDERTAKER: Levy Bros Inc

(Address) 3435 E. Baltimore St

20. FILED 1/16 19 35 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/15/35 19

22. I HEREBY CERTIFY, That I attended deceased from January 21 to January 10 19 35

I last saw her alive on January 15 19 35 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency & Stenosis	Several years
Other contributory causes of importance: Myocardial degeneration	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. S. Feldman M. D.

(Address) 1575 Madison Ave

M. D. P. 1268 F 08583 F 08583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 12 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Davis.

(a) Residence: No. 1809 Townsend Court. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Davis. ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Bonner.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Bird School Date Jan 16 19 35

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14 19 35

22. I HEREBY CERTIFY, That I attended deceased from 7/24 19 34 to 1/14 19 35

I last saw her alive on 1/14 19 35 Death is said to have occurred on the date stated above, at 8 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/11/35
Other contributory causes of importance Cerebral hemorrhage, right.	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

OCCUPATIONS is very important. See instructions on back of certificate.

F 08584

F 08584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 5 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Diggs.

(a) Residence: No. 407 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie Diggs.

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hattie Kane (friend)
(Address) 1417 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place J. of Md. School Date Jan 16 19 35

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/12 1935 to 1/13 1935

I last saw him alive on 1/13 1935 Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate & metastases to Lungs & bones.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Carter M. D.

(Address) Balto. City Hosp.

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. F 08585

F 08585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 10 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Lindsay

(a) Residence: No. Chase near Greenmount Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester, Pa.

FATHER

13. NAME John Lindsay

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hugh Burns (friend)
(Address) Chase near Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Jan 16 19 35

19. UNDERTAKER
(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1932 to 1/13 1935

I last saw him alive on 1/13 1935 Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
& Congestive failure	1/12/35
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9 F 08586 Fach ✓ F 08586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Fach

(a) Residence: No. Balto. City Hosp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced: HUSBAND of / WIFE of —

6. DATE OF BIRTH (month, day, year) 3/11/1848.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86.	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Max Fach.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Santroff

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records B C H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Med Cemetery Date Jan 20 1935

19. UNDERTAKER Lee M Funk (Will H Wolfe Sr)
(Address)

20. FILED 1-[illegible]-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 9/24. 1934 to 1/13 1935

I last saw him alive on 1/13 1935 Death is said to have occurred on the date stated above, at 5 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & congestive failure.	5 days
Other contributory causes of importance: Tabes Dorsalis	8 mos ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp.

M. H. P. 1268-9 **F 08587** ✓ **F 08587**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

347-107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 3 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert De Shields.

(a) Residence: No. 2225 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Cornda De Shields.

6. DATE OF BIRTH (month, day, year) 6/22/1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East Shore Md.

FATHER

13. NAME William De Shields

14. BIRTHPLACE (city or town) (State or country) E. Shore Md.

MOTHER

15. MAIDEN NAME Lillie ?

16. BIRTHPLACE (city or town) (State or country) E. Shore Md.

17. INFORMANT Raphael De Shields (Bro)
(Address) Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Med. School Date Jan 16 1935

19. UNDERTAKER
(Address)

20. FILED JAN 16 1935 19.... Registrar.

1039

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/23 1933 to 1/12 1935

I last saw him alive on 1/12 1935 Death is said to have occurred on the date stated above, at 8:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/1/35

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. P. 1955-8

F 08588

F-08588

294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-W

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 16-8 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pina Magliano

(a) Residence: No. 222 S. Eaton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
(or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 6/2/875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 8 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vito Martuscello

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Pina Galidia.

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Friends.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 17, 1935

19. UNDERTAKER Frank Della Noce
(Address) 512 N. Morley St.

20. FILED JAN 16 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 14, 1935
I last saw her alive on Jan 14, 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	?
Terminal Pneumonia	1-13-35

Other contributory causes of importance:
Repair of Ventral Hernia

Name of operation Repair Ventral Hernia Date of 1-12-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carroll O. Stanfl M. D.

(Address) J. H. Hosp.

M. D. B. 1268-9

F 08589

F 08589 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 514 Normandy Lane, 20 Ward)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elsworth Stout

(a) Residence: No. 514 Normandy Lane, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Wesley Stout

6. DATE OF BIRTH (month, day, year) March 19-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Alexander Schultz

14. BIRTHPLACE (city or town) (State or country) Frederick, Md

MOTHER

15. MAIDEN NAME Mary E. Meyer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Irvin Schultz

(Address) 514 Normandy Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 16 1935

19. UNDERTAKER George L. Smith

(Address) 1900 Eutaw Place

Filed for Record Jan 16 1935

21. FILED JAN 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1934 to Jan 17th 1935

I last saw her alive on Jan 14th 1935. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably coronary thrombosis	about an hour

Other contributory causes of importance:

Chronic nephritis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) N. R. Lucas, M. D.

(Address) 3421 Edmondson Ave

M. D. B. 126

F 08590

F 08590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1644 Cliftview ave St., 8 Ward)

Length of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma L. Rogers

(a) Residence: No. 1644 Cliftview ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams - Rogers

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Greenly

14. BIRTHPLACE (city or town) (State or country) New Castle Del

MOTHER

15. MAIDEN NAME Emeline Burley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edith Gibbons

(Address) 4226 Bayonne ave

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date 1/17 1935

19. UNDERTAKER Chas. G. Bleke

(Address) 742 W. Saratoga ave

20. FILED ....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Jan 15, 1935.

I last saw h.. alive on Jan 15, 1935. Death is said to have occurred on the date stated above, at 11-50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Kurt Fisher, M. D.

(Address) 1823 N. Wash. St.

M. D. B. 1263

F 08591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08591

CERTIFICATE OF DEATH

x 122-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME HENRY J. KEEDY

(a) Residence: No. RELAY Md. St., ... Ward. MD,
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucinda Keedy

6. DATE OF BIRTH (month, day, year) Apr. 22. 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..min.
74 75	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C W A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Relief Office
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sharpsburg Md

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mr Lester B. Keedy
(Address) Martinsburg Relay Md

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W. Va. Jan 18. 1935

19. UNDERTAKER Wm J Tuckwiller & Son
(Address) Martinsburg W. Va.

Jan 18 1935 Hamilton Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-14-, 1935, to 1-16, 1935

I last saw h[im] alive on 1-16, 1935 Death is said to have occurred on the date stated above, at 5 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO PNEUMONIA	

Other contributory causes of importance:

BENIGN PROSTATIC HYPERTROPHY
BILATERAL INGUINAL HERNIA

Name of operation NONE Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur S. Siwinski M. D.

(Address) 521 E. 39th St. 1
University Hospital

M. D. B 1268-9

F 08592

08592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. In front of 631 S. Charles St. 23 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Konan Klagley.

(a) Residence: No. 131 N. Hamburg St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Charles B. Kuchauskas.
(Address) 637 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL Russian Independent Cemetery 1-17-35

19. UNDERTAKER Chas B. Kuchauskas
(Address) 637 S. Paca St.

Filed 1-16 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Steinhardt, M. D. Coroner

1/15/35 (Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08593

CERTIFICATE OF DEATH

F 08593

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Homewood Terrace, 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Virginia Bennett Lindner

(a) Residence: No. 206 Homewood Ter. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 206 Homewood Terrace

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Daniel Bennett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Lorraine

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Bennett.

(Address) 206 Homewood Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/17/35, 19

19. UNDERTAKER J. J. Fahey & Sons.

(Address) 1318 Light St.

20. FILED JAN 16 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/35

22. I HEREBY CERTIFY, That I attended deceased from 1/15/35, 1935 to 1/15/35, 1935

I last saw her alive on 1/15/35, 1935. Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/11/35
Coronary Sclerosis	Chronic

Other contributory causes of importance:

Cerebrovascular	Chronic
Essential Hypertension	Chronic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. White, M. D.

(Address) 592 E 22nd St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

8594 + 50 F 08594

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 2-0 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Epping

(a) Residence: No. Riderwood, Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) (1879)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mrs. E. J. Hamer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Peter Epping

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliz. Nevlin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Francis

(Address) Bayonne, N. J.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Fullerton Date 1/18/35 19

19. UNDERTAKER J. J. Doherty & Sons

(Address) 1318 Light St.

20. FILED APR 16 1935 Elmer Stanton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15-35 19

22. I HEREBY CERTIFY, That I attended deceased from 1-5-35 19 to 1-15-35 19

I last saw her alive on 1-15-35 19 . Death is said to have occurred on the date stated above, at 12 03/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Breast with metastasis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert H. Allison M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-9

F 08595

08595

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Park Avenue St. 11 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Crook

(a) Residence: No. 1309 Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida B. Crook

6. DATE OF BIRTH (month, day, year) June 8, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George W. M. Crook

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hannah M. Lewis

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Mr. J. J. Frederick
(Address) 205 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Jan 17th 35

19. UNDERTAKER Jas. B. Cook & Son
(Address) 1003 W. Baltimore St.

20. FILED JAN 16 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Jan 14 1935

I last saw h. im alive on Jan 12 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/10/34
Died suddenly of 3rd attack	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Gilbert M. D.

(Address) 1403 Park Ave.

M. D. B 1268-9

F 08596

08596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 West 26th St. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy G. Lockhart

(a) Residence: No. Steamship Liberty St., Ward. Great Falls Montana

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single Unmarried

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cosmopolitan Shipping Co.

10. Date deceased last worked at this occupation (month and year) Jan. 1935

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bernard Rafferty

(Address) 1211 Garrett Bldg.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/16 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E Baltimore

20. FILED 1/16 1935 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Jan. 13 1935.

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John L. Valentine M.D. Coroner

(Address) 16 South Broadway

M. D. S. 1268-9

F 08597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08597

CERTIFICATE OF DEATH

158

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2/ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris Mae Lambdin

(a) Residence: No. 2217 Jefferson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of ———
(or) WIFE of ———

6. DATE OF BIRTH (month, day, year) June 17/1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John H. Lambdin

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Lerner

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT John H. Lambden

(Address) 2217 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 17th, 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Jan 18 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 15/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Acute Nutritional Disturbance	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. K. Mercer M. D.

Coroner

(Address) 5006 Northern

M. D. B 1268-0

08598 F 08598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp St., 7 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret I. Forsyth

(a) Residence: No. 2012 Mc Elderry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Edgar M. Forsyth

6. DATE OF BIRTH (month, day, year) July 11, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 29, 1934

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Phila. Penn.

MOTHER FATHER

13. NAME Michael J. Dorsey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Jane Mc Namara

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edgar M. Forsyth
(Address) 2012 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date Jan 18, 1935

19. UNDERTAKER Wm Lord
(Address) 1817 St Paul St.

FILED Huntington Williams, Md
Registrar.

JAN 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis with uremia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. B. 1268-9

08599 F 08599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Lyons

(a) Residence: No. Mulberry St., Ward. 636 St. Paul Road

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			17 hrs. 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Lyons

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Bailey Cook

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery Date Jan 17 1935

19. UNDERTAKER P. Dillenhall

(Address) 3539 Falls Road

20. FILED Jan 18 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1935 to Jan 16 1935

I last saw h alive on Jan 16 1935 Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard E Rosen M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

08600 F 08600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N. Belnord Ave St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah F. Holland

(a) Residence: No. 500 N Belnord Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced (or) WIFE of James Holland

6. DATE OF BIRTH (month, day, year) March 15 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ... none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Emery

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Susan Stirtell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Ida Carver

(Address) 500 N Belnord

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Jan 18th 1935

19. UNDERTAKER John Eisele & Sons Funeral Dir

(Address) 1300 Eutaw Pl

Registrar

6 1935

6 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 14, 1935

I last saw her alive on Jan 14 1935. Death is said to have occurred on the date stated above, at 10 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	17 yr
Other contributory causes of importance:	
Cerebral Hemorrhage	4 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas F. Weis M. D.

(Address) 1131 E. Washington

M. D. P. 1265-9

08601

F 08601

HEALTH DEPARTMENT—CITY OF BALTIMORE

2941479

CERTIFICATE OF DEATH

X 108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Scott

(a) Residence: No. Massey Ave. St., ... Ward. Edgemere Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) 6/7/01

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bethlehem Steel Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Worker

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	0 7

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mattie Warren

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Recorder
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 1/18/35, 19

19. UNDERTAKER Bernard A. Funk
(Address) 5735 Harford Road

20. FILED Huntington Undertaking Co., Inc.

JAN 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan-9, 1935, to Jan-16, 1935

I last saw him alive on Jan-16, 1935. Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1/2/35

Other contributory causes of importance:

Name of operation None — Date of ...

What test confirmed diagnosis? Xray — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carmichael Telphman, M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 08602

HEALTH DEPARTMENT—CITY OF BALTIMORE

08602

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2445 Lauretta Ave. St., 20 Ward)

CITY OF BALTIMORE: (No. 2 .....

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Elizabeth Isaac

(a) Residence: No. 2445 Lauretta Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter L. Isaac.

6. DATE OF BIRTH (month, day, year) March 2, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Francis Preas

14. BIRTHPLACE (city or town) A. A. Co. Md
(State or country)

MOTHER

15. MAIDEN NAME Liliana Lusanna

16. BIRTHPLACE (city or town) A. A. Co. Md.
(State or country)

17. INFORMANT Mrs. Walter L Isaac.
(Address) 2445 Lauretta Ave.

18. BURIAL, CREMATION, OR REMOVAL Millersville Md. Date Jan. 18 1935

19. UNDERTAKER George L. Sofrant
(Address) 2101 Frederick Ave

20. FILED 16 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14 1932 to January 15 1935

I last saw her alive on January 15 1935 Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	2yrs
Other contributory causes of importance: Acute cardiac dilatation	1 day

Name of operation none Date of .....

What test confirmed diagnosis? Clinical findings (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

M. D. F. 1268-9

08603 F 08603

HEALTH DEPARTMENT—CITY OF BALTIMORE

2934443

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Glascock

(a) Residence: No. Marshall St., Ward. Fauquier Co Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James.

6. DATE OF BIRTH (month, day, year) 3/25/95

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alexander Scott

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Della Sinclair

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Marshall Va Date 1/18 . 1935

19. UNDERTAKER Bernard C. Hall

(Address) 1000 E Pratt St.

JAN 16 1935 . 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 . 1934 to Jan. 16 . 1935

I last saw her alive on Jan. 16 . 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset 8 mos. 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury . 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jerry O. Stebbins . M. D.

(Address) The Johns Hopkins Hospital.

M. D. B. 1268-9

F 08604

08604 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 76 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 hr. ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph H. M. Reid

(a) Residence: No. Emory Md (Usual place of abode) Eastern Ave nr Riverside Drive. St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 20-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Floyd Co Va

FATHER

13. NAME Wm Reid

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha E. Sweeney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Lillie Stephens (Address) Roanoke Va

18. BURIAL, CREMATION, OR REMOVAL

Place Floyd Co Va Date 1/18 1935

19. UNDERTAKER John E. Connelly (Address) Huntington W Va

JAN 15 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 ... to ... 19 ...

I last saw h... alive on Injury 19 ... Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/14 1935

Where did injury occur? Eastern Ave Rd nr. Rolling Mill (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking along road

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm P Emory Coroner M. D.

(Address) 2200 E Madison St

M. D. B. 1268-9

E 08605

08605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH.
CITY OF BALTIMORE: (No. Provident Hosp St. 18 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Scott

(a) Residence: No. 1113 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	all	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not given

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Frank Scott

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Nellie Fairmore

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Nellie Scott (mother)
(Address) 1113 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Lamily Glen, Date Jan. 18 1935

19. UNDERTAKER J Easton Son
(Address) Ellicott City

20. FILED Hutton for Williams Funeral Home
JAN 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1—16—, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1—6—, 1935, to 1—16—, 1935

I last saw her alive on 1—16—, 1935. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary bronchopneumonia	1-6-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Geo McDonald M. D.
(Address) Provident Hosp

M. D. P. 12 F 08606

F 08606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (Little Sisters of the Poor St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Maria Fletcher

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	2 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Ferdinand Erobase

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Emma Gepfort

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sr. Rose, Asst. Sup. (Address) Little Sisters of Poor 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 1/17/ 1935

19. UNDERTAKER Ida E. Leinhardt (Address) 625 Eighteenth St. City

20. FILED 1935 [illegible]

17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1934 to Jan 15, 1935

I last saw her alive on June 11, 1934. Death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	?

Other contributory causes of importance:
Chronic Nephritis
Acute Endocarditis
Hypostatic Pneumonia

Name of operation — Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 08607

M. D. Bureau

F 08607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1121

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 27 Ward)

Registered No. .

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie L. Baumgartner

(a) Residence: No. 3203 Batavia Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 30-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Reynolds

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Gilchrist

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John H. C. Baumgartner

(Address) 3203 Batavia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 19 1935

19. UNDERTAKER Rita Weidfeld

(Address) 917 Greenmount Ave

20. FILED JAN 19 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16 1935

22. I HEREBY CERTIFY, That I attended deceased from January 7 1935 to January 16 1935

I last saw h[illegible] alive on January 16 1935 Death is said to have occurred on the date stated above at 10:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Myocarditis	1-3-35
2. Cirrhosis	
3. Diabetes mellitus	
4. Chronic myocarditis	

Other contributory causes of importance:

Name of operation [illegible] Date of 1-10-35

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. M. Brasmelle M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. F 08608

F 08608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1 V 140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 73 St., 73 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Alice M. Sims Brunk

(a) Residence: No. 2217 Eadley St., West Port Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman E. Brunk

6. DATE OF BIRTH (month, day, year) Sept. 15th 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Bernard Sims

14. BIRTHPLACE (city or town) (State or country) Wash. D C.

MOTHER

15. MAIDEN NAME Mary Sheldon

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Bernard Sims. Father

(Address) 2217 Eadley St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Jan. 19th 1935

19. UNDERTAKER Bernard C Harker

(Address) 1000 S Paca St

20. FILED JAN 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicaemia from abortion self induced	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S P Herzog MD M. D.

Coroner

(Address) 1305 N Patterson Park Av

M. D. B. Form 9

F 08609

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08609

CERTIFICATE OF DEATH

107a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Johnson

(a) Residence: No. 2124 Oak St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Stanley Johnson

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Edna Stepp

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Edna Johnson

(Address) 2124 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Jan. 17th 1935

19. UNDERTAKER Wm. Robt. A. Elliott

(Address) 1129 Caroline St.

20. FILED ... 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 9.40 A. M.

The principal cause of death and related causes of importance were as follows:

Lobular pneumonia

Date of onset

Other contributory causes of importance:

Malformation of spine

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. H. Oppler, M. D.

Coroner

(Address) 506 E. Lmt St.

F 08610

M. D. H. 1268-9 F 08610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 E. 35th St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ½ mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie T. Franklin

(a) Residence: No. 716 E 35th St., Ward. Nabaline Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, ~~divorced~~ (or) ~~HUSBAND~~ WIFE of John F. Franklin

6. DATE OF BIRTH (month, day, year) Sept 9th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	3 4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Nabaline Va

FATHER

13. NAME Wesley Moton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah V. Thackston

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John V. Franklin

(Address) 716 E. 35th st

18. BURIAL, CREMATION, OR REMOVAL Dougherty Mem. Park Cemetery

Place Nabaline, Powhatan Co. Va. 1/17 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935 to January 16, 1935

I last saw h[illegible] alive on January 16, 1935. Death is said to have occurred on the date stated above, at 3:30 P.m.;

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis,	about 1 yr.
Arteriosclerosis,	5 yrs.

Other contributary causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh Forsythe, M. D.

(Address) 424 E. Monk Ave

M. D. R. 1268-0

F 08611

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08611

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Aiken St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. Unknown How long in U. S. If of foreign birth? 9 yrs. Unknown

2. FULL NAME Nicholas Bringas

(a) Residence: No. 1721 Aiken St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Meta Poehler

6. DATE OF BIRTH (month, day, year) April 10, 1904

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ...min.
	30	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Gate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Parking Lot

10. Date deceased last worked at this occupation (month and year) June 21, 1934

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Santiago Cuba

FATHER

13. NAME Nicolas Bringas

14. BIRTHPLACE (city or town) (State or country) Cuba

MOTHER

15. MAIDEN NAME Dolores Barreto

16. BIRTHPLACE (city or town) (State or country) Cuba

17. INFORMANT Dorothy Bringas (Address) 1721 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL Woodland Cem. Date 1/19 35

19. UNDERTAKER Wm. Lord (Address) 1217 E. Baltimore St.

20. FILED JAN 17 1935 19 ..... Wm. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934 to Jan 16, 1935

I last saw him alive on Jan 14, 1935 Death is said to have occurred on the date stated above, at 2 3/5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. B. Dyer M. D.

(Address) 7802 Harford Ave

M. D. B. 1268-

F 08612

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08612

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4975 Dorchester ave St., 27 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Julia Lubart Hollifield

(a) Residence: No. 4975 Dorchester ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hon Felix N. Hollifield

6. DATE OF BIRTH (month, day, year) 6th March 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amelia Court House Va

13. NAME William Sidney Trueheart

14. BIRTHPLACE (city or town) (State or country) Amelia Court House Va

15. MAIDEN NAME Mary Southall

16. BIRTHPLACE (city or town) (State or country) Amelia Court House Va

17. INFORMANT (Address) Mrs Wm Trueheart 4975 Dorchester ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/19 1935

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Jan 16th 1935

I last saw h[illegible] alive on Jan 15th 1935 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Years
Senility	10 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. D. Lunsford M. D.

(Address) 4926 Park Heights ave

M. D. F. 126

F 08613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08613

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5108 Craig Ave St., 27 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie E Hetzel

(a) Residence: No. 5108 Craig Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of H Hetzel

6. DATE OF BIRTH (month, day, year) Oct 5 1878

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	56	010	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Yesterday

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Jonesville Va

FATHER

13. NAME John Patterson

14. BIRTHPLACE (city or town) (State or country) Jonesville Va.

MOTHER

15. MAIDEN NAME Lou Snowalter

16. BIRTHPLACE (city or town) (State or country) Tuckahoe Co

17. INFORMANT H Hetzel
(Address) 508 Craig Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 1/18/35
by Mr Cox

19. UNDERTAKER
(Address)

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to June 15 1935

I last saw h alive on June 14 1935. Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. E. Long M. D.

(Address) 415 Southway

M. D. P. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

08614

CERTIFICATE OF DEATH

X F 08614

107-a

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Dennis Gould

(a) Residence: No. Lutherville, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wh.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 yrs	2 mos	14 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Theodore Gould

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary F. Dennis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Theodore Gould

(Address) Lutherville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 15 1935

19. UNDERTAKER Percy W. Perkins Inc

(Address) 1 E. Lexington & 2 E. Richard St.

20. FILED 1-17-1935 Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 1-17- 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1935 to Jan 17 1935

I last saw him alive on Jan 17. 1935 Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	4 days
Empyema	1 week
Septicemia (streptococcus)	2
Peritonitis	5 days

Other contributory causes of importance:

Name of operation Tube-aspiration of empyema Date of Jan 11, 35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) James A. Hamilton M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

F 08615

08615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Evans.

(a) Residence: No. 2013 E. 30th St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) June 1 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker out

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. School for Blind

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore, Md. (State or country)

FATHER

13. NAME Louis M. Evans

14. BIRTHPLACE (City or town) Balto (State or country) md

MOTHER

15. MAIDEN NAME Jessie Merrifield

16. BIRTHPLACE (City or town) Plainfield (State or country) N.J.

17. INFORMANT Hosp. Records

(Address) Madison St. & Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 17 1935

19. UNDERTAKER Henry W. Kirkwood Son

(Address) 1300 Eutaw Place

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 14. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1935 to Jan. 14 1935

I last saw him alive on Jan. 14 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of colon.	unknown
Other contributory causes of importance: Coronary Embolism.	Jan. 14

Name of operation Enterenterostomy Date of Jan. 11

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H. Carnagy M. D.

(Address) Maryland General Hosp.

Spec.—2-29-28—L. F. S.—500 Blks.

F 08616 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08616

82-a

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 843 Edmondson ST., 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) X

2—FULL NAME George H. Nicholson Jr.

(a) RESIDENCE NO. 843 Edmondson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
55 Male	Col	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Farmer Nicholson

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
55				

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 007

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Raltocity

10 NAME OF FATHER G.H. Nicholson, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mary Nicholson

(Address) 843 Edmonson ave

Filed JAN 17 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 14-35

17

I HEREBY CERTIFY, That I attended deceased from Jan 10-35, 19, to Jan 14-35, 19, that I last saw him alive on ", 19, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) debility, bronchitis, grip

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Cardozo, M. D.

, 19 (Address) 1524 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Jan 17 1935

20 UNDERTAKER John H Owen

ADDRESS 5-38 Dolfin St

M. D. B. F-9 F 08617

F 08617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2045 E 31st St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 9 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Peter Wortlman Jr.

(a) Residence: No. 2045 E. 31st St., X Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George P. Wortlman Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md. City

MOTHER

15. MAIDEN NAME Wilda Malinda Jeffries

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Geo P. Wortlman

(Address) 2045 E 31 St 1935

18. BURIAL, CREMATION, OR REMOVAL

Place Bells Cem Date Jan 17th 1935

19. UNDERTAKER Geo M. Fritz Son

(Address) 811 N Wolfe St

20. FILED Huntington Ave Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1935 to 1-16 1935

I last saw h... alive on 1-16 1935 Death is said to have occurred on the date stated above, at 12 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	1/16/35
Myocardial Insufficiency	1/15/35
Other contributory causes of importance:	
Lobar Pneumonia	1/12/35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ... 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) David Miller M. D.

(Address) 1502 N Edwards

M. D. B. 1268-9

F 08618

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08618

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel Caldwell

(a) Residence: No. 908 Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

DATE OF BIRTH (month, day, year) Mar 1/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barbadoes, West Indies

13. NAME Herrian Schiage

14. BIRTHPLACE (city or town) (State or country) West Indies

15. MAIDEN NAME Mary ????

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Roosevelt Caldwell (son)
(Address) 908 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Jan 18, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 222 N. Schroeder St

FILED JAN 17 1935 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure (infarcts)	
Aortic Sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. L. Kayser, M. D.
Coroner

(Address) 506 E Monument

M. D. B. 1288-9

F 08619

F 08619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N. Poppleton St. 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Myers

(a) Residence: No. 105 N. Poppletow St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Myers

6. DATE OF BIRTH (month, day, year) Mar 7-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME — Myers

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Laura Stivers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Lillian Myers

(Address) 923 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Jan 17, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-14 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/7/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 273 Cathedral Ave

M. D. B 1268-9

F 08620

F 08620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital, 18 Ward)

Length of residence in city or town where death occurred ..... yrs. 16 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert L. Cromwell

(a) Residence: No. 1108 South Ann St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Colored	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21 1923

7. AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
1	16	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Bernard Cromwell

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mitchell Mosses

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mitchell Cromwell

(Address) 1108 South Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 18, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 327 S. Schroeder St.

20. FILED JAN 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ..... Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 13, 35

Other contributory causes of importance:

Endocarditis

Name of operation Autopsy Date of Jan 15, 35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Valentine D. M. D. Coroner

(Address) 16 E. Lexington

M. D. P. 129-35 F 08621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08621

CERTIFICATE OF DEATH

94 35 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Smith

(a) Residence: No. 6 35 Fine St St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/26/54

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto -

MOTHER FATHER

13. NAME Wm Smith

14. BIRTHPLACE (city or town) (State or country) S-Car -

15. MAIDEN NAME Lillie Patten

16. BIRTHPLACE (city or town) (State or country) Ind -

17. INFORMANT Friends -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 17, 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1935 to Jan 15 - 1935

I last saw him alive on Jan 15 - 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-2-35
Fibrinous pleurisy	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schumacher M. D.

(Address) Johns Hopkins Hospital

M. D. R. 12 F 08622

F 08622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Aged Mens Home St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50 yrs — mos — ds. How long in U. S. If of foreign birth? yrs mos ds.

85-11-22.

2. FULL NAME Benjamin Hodges

(a) Residence: No. Aged Mens Home St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 26 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Penn Twp. Co. Pennsylvania

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) not known not known

MOTHER

15. MAIDEN NAME Nancy Daugherty

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records Aged Mens Home

(Address) 1400 to Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Forestville Md Date Jan 17 35

19. UNDERTAKER Stewart Monroe Co.

(Address) 1000 Eutaw

FILED Jan 17 35 Register

Burial for Williams Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 35

22. I HEREBY CERTIFY, That I attended deceased from March 15, 35 to Jan. 17 35

I last saw him alive on Jan 16, 35. Death is said to have occurred on the date stated above, at 6 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic Arteriosclerosis Old Injury?	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Edwin P. Jarrett M. D.

(Address) 1115 St. Paul St.

F 08623

F 08623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? 30 yrs. mos. da.

2. FULL NAME Sarah Levy

(a) Residence: No. 1018 Greenmount av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Benjamin Phillips

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Levering Washington Park Date 1/17/35 19

19. UNDERTAKER Jacob Levy Inc

(Address) 1432 E. Baltimore St

20. FILED JAN 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935, to Jan 17, 1935

(Last saw her alive on) Jan 17, 1935 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible pulmonary embolism following Resection sigmoid for Carcinoma	1/16/35 8:15 P.M.

Other contributory causes of importance:

Name of operation Resection of sigmoid, Extraperitoneal Date of 1/12/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James Monroe Hixson III M. D.

(Address) Johns Hopkins Hospital

M. D. B. 126

F 08624

F 08624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Ridgewood ave St., 15 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Tublin

(a) Residence: No. 2910 Ridgewood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) March 1, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Junk dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Solamon Tublin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Rose Tublin

(Address) 2910 Ridgewood ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date Jan 17. 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 112 E Balto st

Huntington Williams Registrar.

FILED JAN 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan-4- . 1935 to Jan-16- . 1935

I last saw him alive on Jan-16- 1935 Death is said to have occurred on the date stated above, at 7.20 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 1/4/35

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Siidel M. D.

(Address) 2404 Eutaw Pl

M. D. B. 126

F 08625

3 pm

F 08625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Saul Margulies

(a) Residence: No. 228 S. Peter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rachel

7. DATE OF BIRTH (month, day, year): 1872

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drug Business

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Isaac Margulies

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): David Margulies Russia

18. BURIAL, CREMATION, OR REMOVAL: Place Hebrew Rosedale Date Jan 17, 1935

19. UNDERTAKER (Address): S. Levinson Bro 1127 E Baltimore St

20. FILED Jan 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1935 to Jan 17, 1935

Last saw h in alive on Jan 17, 1935 Death is said to have occurred on the date stated above, at 5.10 A.m.

The principal cause of death and related causes of importance were as follows:

Cardiac insufficiency
Arteriosclerosis
Chronic myocarditis
Hypertension

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wilbur C. Kolodny M. D.

(Address) Sinai Hosp.

M. D. F. 1268-0

08626 HEALTH DEPARTMENT—CITY OF BALTIMORE F 8626

08626 F 8626

CERTIFICATE OF DEATH 92-a F 8626

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 10 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Clifford.

(a) Residence: No. 1105 Brentwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/22/08.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26.	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman & Co.

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William Clifford. Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Harriett Roberts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Harriett Clifford Same
(Address) Above address

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Jan. 19, 1935

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

FILED 1/17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/13, 1935 to 1/15, 1935

I last saw him alive on 1/15, 1935 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	?
Myocardial insufficiency	3 mo?
Aortic insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

M. D. P. 1268-9

08627 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 08627

CERTIFICATE OF DEATH

✓ 82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 West 23rd St. St. 12 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Mc Cann

(a) Residence: No. 415 West 23rd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 15-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caulker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept.

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Michael Mc Cann

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Louise Webb

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary Harrison

(Address) 415 West 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 1/18/35

19. UNDERTAKER

(Address) 1700 E. Fayette St.

JAN 17 1935

19 Huntington Wilkinson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 15 1935
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine M. D.
Coroner

(Address) 16 South Broadway

M. D. P. 1263-9

08628 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08628

CERTIFICATE OF DEATH X 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Monnie Jones

(a) Residence: No. Chance, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eunice White Jones

7. DATE OF BIRTH (month, day, year) February 13, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	0 11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 1-0-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Chance, Maryland

13. NAME Cleophus Jones

14. BIRTHPLACE (city or town) (State or country) Chance, Maryland

15. MAIDEN NAME Mary Tegner

16. BIRTHPLACE (city or town) (State or country) Chance, Maryland

17. INFORMANT U.S. Marine Hospital Records

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Chance, Maryland Date Jan. 18 19 35

19. UNDERTAKER George L. Lehnert

(Address) 721 Fredrick Ave.

FILED JAN 17 1935 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17 19 35

22. I HEREBY CERTIFY, That I attended deceased (from) January 10 19 35 to January 17 19 35

I last saw him alive on January 17 19 35 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of death
Pneumonia, lobar, right and left lower lobes	1-17-35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) G. S. Feder M. D.

(Address) U. S. Marine Hospital, Balto. Md.

M. D. B. 1268-9

08629

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08629

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 Rutland Ave. St., 7 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth 27 yrs. mos. ds.

2. FULL NAME Jacob Ruthin

(a) Residence: No. 94 Rutland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8034

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Union Protestant Date 1/17/35 19

19. UNDERTAKER Sol Levin Sons
(Address) 1739 E Baltimore

Filed ..... 19..... Registrar.

JAN 17 1935

Washington D.C. Philadelphia, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14 19 35 to 1/17 19 35

I last saw h alive on 1/17 19 35. Death is said to have occurred on the date stated above, at 8½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	
Pneumonia	
Primary	6 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr. Drucker M. D.

(Address) 1122 W Lee

M. D. F. F 08630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St. 17 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Cornish

(a) Residence: No. 559 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Cornish.

6. DATE OF BIRTH (month, day, year) 12/22/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	—	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Dave Cornish

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Gladys ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife

(Address) above address.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 1/17/35 19

19. UNDERTAKER Chas S. Cooper

(Address) 514 N. Carrollton St.

FILED JAN 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/9 1935 to 1/13 1935

I last saw him alive on 1/13 1935 Death is said to have occurred on the date stated above, at 3 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	1/1/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

M. D. H. 12-9 F 08631

F 08631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2954 Annah Ave St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie M. Eiser

(a) Residence: No. 3016 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar L. Eiser

6. DATE OF BIRTH (month, day, year) Sept. 23 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME James H Baker

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Marie Myers

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Edgar L Eiser

(Address) 3016 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 17, 1935

19. UNDERTAKER Wm. J. Tuckey & Sons

(Address) North Ave.

FILED JAN 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934 to Jan 13, 1935

I last saw her alive on Jan 13, 1935. Death is said to have occurred on the date stated above, at 11 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary tuberculosis.	Nov 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A Kupp M. D.

(Address) 3630 Edmondson Ave

M. D. B. 1268-9

F 08632

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08632

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1647 McKean Ave 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Virginia Farrell

(a) Residence: No. 1647 McKean Ave St., ... Ward. Baltimore City Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

6a. If ~~married~~, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Thomas Farrell

6. DATE OF BIRTH (month, day, year) Jan 6- 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Cleaning Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cleaning Works

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
Nov 1931	18

12. BIRTHPLACE (city or town) Fishers Island
(State or country) N.Y.

13. NAME Jacob Miller

14. BIRTHPLACE (city or town) .....
(State or country) Va.

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) .....
(State or country) Va.

17. INFORMANT Mrs. Bernard Brown
(Address) 1647 McKean Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 17 1935

19. UNDERTAKER Wm J Tucker Son
(Address) Park & Laurens

20. FILED Jan 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7- 1934 to Jan 15 1935

I last saw h~~e~~r alive on Jan 14 1935 Death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Other contributory causes of importance:	
Chr. Myocarditis	1931

Name of operation None Date of —

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

M. D. B. F 08633

F 08633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-A

1. PLACE OF DEATH — Registered No. ....

CITY OF BALTIMORE: (No. 530 Maple Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Frances Wilhelmina Kruger

(a) Residence: No. 530 Maple Ave. St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Aug 3, 1918

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME James P. Kruger

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mildred Deahl

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT James P. Kruger

(Address) 530 Maple Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 1/18, 1935

19. UNDERTAKER C. Vernon Lemmon

(Address) Mt Park Heights

20. FILED Huntington T. Smith Registrar.

1/17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1934 to Jan 15, 1935

I last saw her alive on Jan 13, 1935. Death is said to have occurred on the date stated above, at 11 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gr Endocarditis.	
Chr. Myocarditis.	
Other contributory causes of importance:	
Bronchitis.	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo E Shannon M. D.

(Address) 1600 N Fulton Ave

D. B. 19[illegible] F 08634 Guy ✓ F 08634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No.) St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Guy

(a) Residence: No. 421 Evesham Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Leon R. Guy

DATE OF BIRTH (month, day, year) Aug. 11, 1872

AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
62.	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Dalton

13. NAME Robert Hall

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Ruth Carroll

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Mr. Leon R. Guy.

(Address) 421 Evesham Ave.

BURIAL, CREMATION, OR REMOVAL. Place Maryland Park Date 1/17 33

UNDERTAKER A. Herman Sniman.

(Address) 411 Park Heights Ave

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 15, 1935.

I last saw h[illegible] alive on Jan 15, 1935. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. gangrene [illegible]	
2. Arteriosclerosis	
3. [illegible] Adrenal Tumor	
4. Hemiparesis (R)	
5. Pyonephrosis	
6. Diabetes Mellitus Type	yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Arthur O. Kalisch, M. D.

(Address) Sinai Hosp.

M. D. B. F. 08635 ✓ Unglesbee ✓ F 08635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL — Registered No. ____

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ernest Unglesbee

(a) Residence: No. 2247 Arguith St., Ward. ____ (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) July 8th 1934

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Ernest L. Unglesbee

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Florence Koppage

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ernest Unglesbee

(Address) 2247 Arguith St.

BURIAL, CREMATION, OR REMOVAL

Place Pa-[illegible]wood Mem. Date Jan 17th 1935

UNDERTAKER Leo G. Cook

(Address) 1723 N. Patterson Park Ave.

FILED ____ 19__ [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1935

22. I HEREBY CERTIFY, That I attended/deceased from January 7, 1935 to January 16, 1935

I last saw h[illegible] alive on January 16 1935 Death is said to have occurred on the date stated above, at 10-40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	

Other contributory causes of importance:

1. Diabetes mellitus

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) H. M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1269-9

F 08636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Myers

(a) Residence: No. 1512 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 12/23/94

7. AGE — Years: 40 — Months: — Days: 17 — If LESS than 1 day, hrs. or min.: —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Theodore Rumm

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: ———

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Friends
(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: Western Cem. Date: Jan. 18, 1935

19. UNDERTAKER: Mrs. E. Mackey & Son
(Address) 2034 Jefferson St., Baltimore, Md.

1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935 to Jan 15, 1935

I last saw h alive on Jan 15, 1935 Death is said to have occurred on the date stated above, at 7:02 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulo nephritis — Date of onset: ?
Hypertension
Hypertensive heart disease

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hamilton Eliphus, M. D.

(Address) Johns Hopkins Hospital

F 08637

F 08637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 44 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Read Beard

(a) Residence: No. Ruxton Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed~~ or ~~divorced~~, HUSBAND of (or ~~WIFE~~ of): Miriam C. S. Beard.

7. DATE OF BIRTH (month, day, year): June 8th 1889

8. AGE: Years 45; Months 7; Days 8; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Owner of Dock

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Soft Coal & Ice Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Elmer M. Beard.

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: P. J. Read

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: M. C. S. Beard

(Address): Ruxton Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Jan 18th 1935

19. UNDERTAKER: Henry W. Jenkins & Son Co

(Address): Orchard & Cathedral Sts

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/16/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, . 1935 . to 1/16/35 . 19

I last saw him alive on 1/16/35 . 19 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1919
Arterio-Sclerosis	1924
Cerebral Hemorrhage	1/16/35

Coroner ~~or Medical Examiner~~ J. Morrissey

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

F 08638 VanBibber ✓ F 08638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 Baltimore St., 14th Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emory Van Bibber

(a) Residence: No. 1532 Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) December 3rd 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Washington Chew Van Bibber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Josephine Chatard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Miss Ella Van Bibber

(Address) 1532 Balto St

BURIAL, CREMATION, OR REMOVAL

Place Mt Cathera Date Jan 18 1935

UNDERTAKER Henry Tolker & Son

(Address) Eutaw & Mulberry

FILED Jan 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1934 to Jan 17th 1935

I last saw h[illegible] alive on Jan 15th 1935. Death is said to have occurred on the date stated above, at 2 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Jan 1st 35
Broncho Pneumonia	Jan 10th 35
Other contributory causes of importance:	
Senile senility	1934

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify

(Signed) J A Chatard M. D.

(Address) 1300 N. Calvert St.

M. D. F. F 08639 ✓ F 08639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham St. Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William N. Herzing

(a) Residence: No. 1307 Wilcox St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

FATHER

13. NAME August Herzing

14. BIRTHPLACE (city or town) Balto
(State or country)

MOTHER

15. MAIDEN NAME Marie McClone

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT Mr. August P. Herzing
(Address) 1307 Wilcox St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan. 19. 19 35

19. UNDERTAKER Henry Hoen Undertaker
(Address) 301 E Lanvale St

20. FILED Jan 19 1935
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th 1935 to Jan 16th 1935
I last saw h. alive on Jan 16th 1935 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcemia Meningitis	1/15/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Samuel E. Rogers M. D.

(Address) Sydenham & Lanvale Sts

M. D. B. No. F 08640 ✓ F 08640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Wilcox St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Hagerty

(a) Residence: No. 1304 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim Adjuster 4086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James J. Hagerty.

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Catherine E. Baker

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

17. INFORMANT Mrs. Mary E. Hagerty.

(Address) 1304 Valley St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery Date 1/19/35 19

19. UNDERTAKER Henry Hoen Sons, Inc

(Address) 1301 E. Eager St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1930 to January 15 1935

I last saw him alive on January 15 1935. Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of the Heart -	1-15-35
Coronary Sclerosis	1934
Other contributory causes of importance:	
Carcinoma of prostate	1929

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. DiPaula M. D.

(Address) 1323 N. North Ave

Spec.—8-16-29—L. F. S.—100 Blks.

✓ F 08641

HEALTH DEPARTMENT—CITY OF BALTIMORE

8641

82-a

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 W. Hanvale ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minerva Harrison

(a) RESIDENCE NO. 1022 W Hanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wingfield Harrison

DATE OF BIRTH (month, day, and year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) H Home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va

10 NAME OF FATHER ~~John~~ Moore

11 BIRTHPLACE OF FATHER (city or town) Va (State or country)

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

Informant Wingfield Harrison

(Address) 1022 W Hanvale

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 15 35

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935, to Jan 15, 1935, that I last saw h[illegible] alive on Jan 15, 1935 and that death occurred, on the date stated above, at 2.20 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) ... yrs. ... mos. 15 ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard M. D.

1/16, 1935 (Address) 2029 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem — DATE OF BURIAL 1-18 1935

20 UNDERTAKER George P. Gibson — ADDRESS 1736 Druid Hill Av

M. D. P. 1268-9

08642 HEALTH DEPARTMENT—CITY OF BALTIMORE 08642

CERTIFICATE OF DEATH

149-a-131

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adella Johnson Holladay

(a) Residence: No. 506 Bentley Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

a. If married, widowed, or divorced (or) WIFE of Glover

6. DATE OF BIRTH (month, day, year) Mch 27. 02

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME of Father Wesley Johnson

14. BIRTHPLACE (city or town) (State or country) Jamaica

15. MAIDEN NAME of Mother Blanche Newman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 1-19-35

19. UNDERTAKER Geo. W. Gibson & Sons

(Address) 1735 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1935 to Jan 15 1935

I last saw her alive on Jan 15 1935. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Unknown
Other contributory causes of importance:	
Pulmonary oedema	1/15/35
surgical shock	1/15/35

Name of operation Cesarean Section Date of 1/15/35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X

(Signed) A. L. Appel M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

✓ F 08643

08643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 16 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Baby Holliday

(a) Residence: No. 1006 Bentley Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15 1935

7. AGE	Years	Months	Days	If LESS than 1 day 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER FATHER

13. NAME Grover Holliday

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Edella Coakley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1-19 1935

19. UNDERTAKER George P. A. Gibson
(Address) 1736 Edmondson Ave

No. 71635 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935 to Jan. 16, 1935

I last saw h.. alive on Jan 15, 1935 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1-15-35

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John M Strange M D

(Address) Johns Hopkins Hospital

H. D. P. 1268-9

F 08644

HEALTH DEPARTMENT—CITY OF BALTIMORE

08644

CERTIFICATE OF DEATH

82-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Saint Agnes Hospital
CITY OF BALTIMORE: (No.) Caton & Stalkers Aves. 19 Ward)
Length of residence in city or town where death occurred 70 yrs. 61 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Maggie Ackerman
(a) Residence: No. 1700 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 25th 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	19 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Spinner~~ Clerk $600
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Spinning~~ Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Maryland.
(State or country)

13. NAME Ed. L. Ackermann

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Mary Ace

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mr. Wm. F. Ackermann
(Address) 1700 E. Lombard St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 1/18/ 19 35

UNDERTAKER F. O. Kuhlmann Son
(Address) 1300 Eastern Place

FILED 1/18 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/14/35

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1934 to January 14, 1935. I last saw h.E.R. alive on January 14, 1935. Death is said to have occurred on the date stated above, at 9:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	12-13-34

Other contributory causes of importance:

Pneumonia, bilateral

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl G. Herbst, M. D.
(Address) St Agnes Hosp

D. B 1268-9

F 08645

08645 HEALTH DEPARTMENT—CITY OF BALTIMORE

181

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) North Ave St., 15 Ward)
Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie E. Blamphett

(a) Residence: No. 4103 Boarman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female | Color or Race White | Single, Married, Widowed, or Divorced (write which) Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Blamphett

DATE OF BIRTH (month, day, year) Jan 3 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	—	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 903
10. Date deceased last worked at this occupation (month and year) Ud | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Md

13. NAME August Lesi

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Schafer

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Mary Mason

(Address) 4103 Boarman

BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Cem Date January 19 1935

UNDERTAKER Harry A Mumford & Son

(Address) 4204 Reisterstown Rd

FILED Jan 21 1935 Registrar

71935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

Last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
1 & 2nd degree burns	

Other contributory causes of importance: Dress caught fire from gas range

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury January 17 1935

Where did injury occur? 4103 Boarman
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Dress caught fire

Nature of injury 1 & 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Lynch M. D.

(Address) Coroner

M. D. Form 68-

F 08646

F 08646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 W. Lombard St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 4 mos. 30 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella Roediger

(a) Residence: No. 1422 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick G. Roediger

6. DATE OF BIRTH (month, day, year): Augs. 4th 1875

7. AGE: 59 Years; 4 Months; 30 Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Waterman Cullan

14. BIRTHPLACE (city or town) (State or country): Balto, Md.

15. MAIDEN NAME: Sarah Brown

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mr Frederick G. Roediger

(Address) 1422 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park. Date: 1/18/1935

19. UNDERTAKER: John F. Cowan & Son.

(Address) 901 Hollins St.

FILED 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/14/1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10. 1935. to January 14. 1935

I last saw her alive on Jan. 14. 1935. Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis.	3 Mos.

Other contributory causes of importance:

None

Name of operation: None Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Norton, M. D.

(Address) 888 W. Lombard St

M. D. F. 1268-B F 08647

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08647

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Annapolis Ave. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 5 mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John R Kemby Waltemeyer

(a) Residence: No. 2201 Annapolis Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 16th 1900

8. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
34	5	1930	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, and for City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John R. K. Waltemeyer

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Lena Arnold

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mr Ernst Waltemeyer

(Address) 2617 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 19 ..., 19..

19. UNDERTAKER John J Cavey & Son

(Address) 201 E Fallsway

JAN 17 1935 ... 19.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/ ..., 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13 ..., 1935 to Jan. 15 ..., 1935

I last saw him alive on Jan. 15 ..., 1935 Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/13/35
Other contributory causes of importance: Acute dilatation of heart	1/14/35

Name of operation None Date of ...

What test confirmed diagnosis? clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

1/16/35 (Signed) R. K. Lampert M. D.

(Address) 1644 Hanover St

M. D. B. 1268-9

(Colored) ✓ F 08648

HEALTH DEPARTMENT—CITY OF BALTIMORE

8648

CERTIFICATE OF DEATH

N-3 89a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3035 Chesterfield Ave St., ... Ward)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Mildred Skinner

(a) Residence: No. 3035 Chesterfield ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) May 19 1907

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~School Girl~~ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Martin Skinner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Matilda Klein

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Emma M. Caleb

(Address) 2752 W Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date January 1935

19. UNDERTAKER Geo Schilling & Sons

(Address) Monument & Paquith Sts

Filed 1/17 1935 Huntington Hilleary Registrar

8 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/15/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/14/35 19 to 1/15/ 1935

I last saw her alive on 1/14/ 1935 Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	1-4-35
Otitis media (supp)	1-6-35
Broncho-pneumonia	1-8-35
Other contributory causes of importance: Cardiac insufficiency	1-14-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold A. Barnes M. D.

(Address) 1514 E North Ave

M. D. P. 1768-9

F 08649

08649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Turner.

(a) Residence: No. 743 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Celia Turner

DATE OF BIRTH (month, day, year): 12/31/1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	-	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bootblack

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

13. NAME: Lee Turner

14. BIRTHPLACE (city or town) (State or country): South Carolina

15. MAIDEN NAME: Lelia ?

16. BIRTHPLACE (city or town) (State or country): South Carolina

17. INFORMANT: Sister
(Address): aba: address.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: 1/20 1935

19. UNDERTAKER: Frank A. Revell
(Address): Catonsville Md.

1/20 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/26 1934 to 1/16 1935

I last saw h alive on 1/16 1935 Death is said to have occurred on the date stated above, at 0 3/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 day
Other contributory causes of importance: Organic nervous etiology unknown	6 mo

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A Reyle M. D.

(Address) Balto. City Hosp.

M. D. F. 1208-a

F 08650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08650

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Ester Place 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert F. Gambrell

(a) Residence: No. 3412 Ester Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~single~~ widowed, or ~~divorced~~

HUSBAND of ~~wife~~ Lilly Gambrell

DATE OF BIRTH (month, day, year) Nov 20th 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Joiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Ohesa Railway

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah Diamond

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Wm C. Gambrell

(Address) 300 N. Highland Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 19th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1935, to Jan 16th 1935

I last saw h.. alive on Jan 16th 1935. Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Cerebral Hemorrhage	
Heart Failure	Jan 2/35

Other contributory causes of importance:

Cardiac Failure	Jan

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert S. Parker, M. D.

(Address) 3126 Eastern Ave

D. P. 1268-9

F 08651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08651

CERTIFICATE OF DEATH

V 59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 W. Cross St., 21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Mary Beatty

(a) Residence: No. 1002 W. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ (or) WIFE of William T. Beatty

DATE OF BIRTH (month, day, year) April 5th 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
8. Date deceased last worked at this occupation (month and year) Dec 1934
11. Total time (years) spent in this occupation 40

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME John McCall

11. BIRTHPLACE (city or town) (State or country) Unknown

12. MAIDEN NAME Rose Agnes

13. BIRTHPLACE (city or town) (State or country) Unknown

14. INFORMANT Wm L. Beatty
(Address) 1002 Cross St

15. BURIAL, CREMATION, OR REMOVAL Mt Cathedral Date 1/19/35

16. UNDERTAKER Wm Cook
(Address) 1512 E Baltimore St

FILED 1/19/1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935 9 A.M. to Jan 16, 1935 7 P.M. I last saw her alive on Jan 17, 1935 1-16-35 2 P.M. Death is said to have occurred on the date stated above, at 1:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	
Other contributory causes of importance: Myocarditis Diabetes Mellitus Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Dellar M. D.
(Address) 1112 Wilkens Ave

F. D. F. 1268-9

F 08652 HEALTH DEPARTMENT—CITY OF BALTIMORE F 08652

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1332 W. North Ave. St., 13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Maith

(a) Residence: No. 1332 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 16-1892.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting

10. Date deceased last worked at this occupation (month and year) Nov. 1934

11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John L. Maith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Liza Sank

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Miss Leila Maith

(Address) 1332 W. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 19th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Jan 19 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Jan. 16 1935.

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Inquiry there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph L. Valentine M.D.
Coroner

(Address) 16 South Broadway

M. D. P. F-9 F 08653

F 08653

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D ✓

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Edwards

(a) Residence: No. 3503 Philadelphia Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Edwards

7. DATE OF BIRTH (month, day, and year): January 9th 1891

8. AGE: Years 43 | Months 6 | Days 27 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): (?), Penna

13. NAME OF FATHER: Henry Winship

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME OF MOTHER: Mary Wallwork

16. BIRTHPLACE (city or town) (State or country): England

INFORMANT (Address): BGH Records

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 9th 1935

UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

FILED 1935 Registrar

87035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-31 1934 to 1-16 1935

I last saw her alive on 1-16 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Heart Disease	?
Myocardial failure	?
Abscess abdominal wall	?

Other contributory causes of importance:

Name of operation Herniaplasty Date of 11-14-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert J. Martin M. D.

(Address) Balto. City Hospitals

F 08654

F 08654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 23

CITY OF BALTIMORE: (No. ..... St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Boblitz (Gladys Brooks)

(a) Residence: No. 504 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single ?

If married, widowed, or divorced
HUSBAND of (or) WIFE of (Common-law) Chas. Boblitz

DATE OF BIRTH (month, day, year) July 14, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation UNKNOWN

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Charles Gregg (Gray)

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Minnie Olive (Cliff)

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Jan 18 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED Jan 18 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1934 to January 15, 1935

I last saw her alive on January 15, 1935. Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Meyer W Jacobson M. D.

(Address) Baltimore City Hospitals

F 08655

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08655

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2025 Eastern Ave St., V Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Nowalewska

(a) Residence: No. 2025 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Laurenc Wojcinski
14. BIRTHPLACE (city or town) (State or country) Poland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mary Pika
(Address) 2025 Eastern Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 19 35

UNDERTAKER Fred W Gawenda
(Address) 1900 Eastern Ave

FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B O Herzog M.D. Coroner. M. D.

(Address) 3033 N Patterson Park

M. D. B. 1938-9

F 08656

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08656

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Woodbourne Ave. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U. S. If of foreign birth? about 50 yrs. mos. ds.

2. FULL NAME Elizabeth Kirton

(a) Residence: No. 622 Woodbourne Ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard H. Kirton

DATE OF BIRTH (month, day, year) about 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	72	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) England

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Rev. W. G. Wade (friend)

(Address) 505 Hanwood Rd

BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cem. Date Jan-19 1935

UNDERTAKER Howard H. Crum Co.

(Address) 08 W North Ave.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16. 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/15 1935 to 1/16 1936

I last saw h[illegible] alive on 1/16. (11 a.m.) 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza with ?	1/10/35
sudden collapse	
& cessation of heart	
action.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward H. Hocking M. D.

(Address) 5336 York Rd

F 08657

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08657

CERTIFICATE OF DEATH

V. 122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

Length of residence in city or town where death occurred Probably - 16 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds. Probably - 25 yrs

2. FULL NAME Agnes Lesser

(a) Residence: From Bay View Asylum Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Adam.

DATE OF BIRTH (month, day, year) July 10, 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Stella Reuck

(Address) Woodbine - Md.

BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem. Date Jany-18 19 35

UNDERTAKER Stewart & Co.

(Address) Baltimore Md.

FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28 1920 to Jan. 17 1935

I last saw her alive on July 17 1935 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1 day.

Other contributory causes of importance: Dementia Praecox Chronic Laryngeal Stenosis | 16 Yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Thomas P. Alexander M. D.

(Address) 336 Linden Ave

M. D. F. 08658 F 08658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V '48

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1604 Webster St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Margaret Poole.

(a) Residence: No. 1604 Webster St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John T. Poole

DATE OF BIRTH (month, day, year) March 14, 1881.

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
53	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME John Gray

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Lotz

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT John T. Poole, (Address) 1604 Webster St.

BURIAL, CREMATION, OR REMOVAL Place Western Date Jan. 18, 35

UNDERTAKER Harry G. Lutz (Address) 4101 Edmondson Ave.

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1934 to Jan 15 1935

I last saw h[illegible] alive on Jan 15 1935. Death is said to have occurred on the date stated above, 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	10/15/34 ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Sidney H. Streett M. D.

(Address) 16 E Fort Ave.

F. 08659 F 08659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. St. 28 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Mason Blaney

(a) Residence: No. 4219 Kensington Road St. ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora B. Blaney

DATE OF BIRTH (month, day, year) Aug. 8, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Francis Mason Blaney

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary Ann Gallagher

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 19 1935

UNDERTAKER Harry A. Quitzke

(Address) 4101 E. Monument Ave

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1935 to Jan. 16, 1935.

I last saw him alive on Jan. 16, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe -	1-8-1935
Streptococcic Septicemia	1-14-1935

Other contributory causes of importance:

Name of operation None Date of

What was confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Bagwell, M. D.

(Address) Maryland Gen. Hosp.

F 08660 F 08660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Brookfield Ave Ward)

Length of residence in city or town where death occurred 55 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Dr. Charles R. Davis.

(a) Residence: No. 2108 Brookfield Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 19, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waterville Me.

13. NAME Geo. H Davis

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

15. MAIDEN NAME Margaret E. Waters

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

INFORMANT Mrs. Hattie D. Beaumont

(Address) 2108 Brookfield Ave

BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date Jan 18, 35

UNDERTAKER Wm. H. Miller Sons

(Address) North & Paca.

FILED Jan 18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1929 to Jan 16, 1935

I last saw h[illegible] alive on Jan 6 1935 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple myelitis	1929
Chronic interstitial nephritis	1930
Cardiac insufficiency	1932
Other contributory causes of importance: Pulmonary edema	1935.

Name of operation none Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George H. Kemp M. D.

(Address) 2030 Eutaw Place Ave.

F 08661

F 08661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

141-122 B

PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunacy Hospital 19 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Esther Posey

(a) Residence: No. 1519 Edmondson Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Raymond Posey

DATE OF BIRTH (month, day, year) Aug 1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	5		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

9. Date deceased last worked at this occupation (month and year) Present

10. Total time (years) spent in this occupation 10 yr

BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Benjamin Lowell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Bagwell

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Raymond Posey

(Address) 1519 Edmondson ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 1/19/ 1935

UNDERTAKER Francis A Demby

(Address) 3 E Ed. Biddle St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-12-35. 19 to 1-16-35 19

I last saw her alive on 1-16-35 19 Death is said to have occurred on the date stated above, at 12 40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory Collapse	1-16-35
Paralytic Ileus	"
Anesthesia, Intratracheal	1-8-35
Spot Barium injection	
Prolonged labor	1-8-35

Other contributory causes of importance:

Cephalo-Pelvic disproportion

Name of operation Laparotrachelotomy Date of 1-12-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Savage M. D.

(Address) Lunacy Hospital

F 08662

F 08662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Dickerson

(a) Residence: No. 1389 Whatcoat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York City

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Alberta Thomas

(Address) 602 Collett St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 1/24, 1935

UNDERTAKER Francis A. Hemsley

(Address) 59 W. Biddle St

FILED Jan 24 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-5-, 1935, to 1-17-, 1935

I last saw her alive on 1-17-, 1935. Death is said to have occurred on the date stated above, at 8 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lobar Pneumonia	1-5-35
Bilateral	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D.

(Address) Provident Hosp

FEB 1935

F 08663

F 08663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Mosher St. St., 16 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. White

(a) Residence: No. 1509 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Jan. 28, 1867

AGE	Years.	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Alexander White

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Ellen ?

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Flossie White

(Address) 1509 Mosher St.

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem. Date 1/18/ 19 35

UNDERTAKER: Frances A. Hensley

(Address) 2284 W. Biddle St.

FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 — 15 19 35

I HEREBY CERTIFY, That I attended deceased from Jan 8 19 35 to Jan 15 19 35

last saw him alive on Jan 14 19 35 Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-8-35
Other contributory causes of importance: age	

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jas C Carlyn M. D.

(Address) 1433 Madison ave

F 08664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. F 08664

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard S. Polley
(a) Residence: No. 603 Dumbarton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 8, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Govt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Inspector
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Richard Polley
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Sarah Randall
16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Charles Basson
(Address) 603 Dumbarton Ave

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 19/1935

UNDERTAKER John A. Mogan
(Address) 3000 E. Balto St.

FILED ____ 19__ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19__ to ____ 19__
I last saw h alive on Jan. 19__ Death is said to have occurred on the date stated above, at 7½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	1/14/35
Punctured Right Lung	1/14/35
Other contributory causes of importance:	
Automobile Accident	1/14/35

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/14, 1935
Where did injury occur? In front of 4027 Gwynn Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while walking across street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph P. Carey Coroner M. D.
(Address) 2109 E. Madison St

F 08665

Burrell

F 08665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Lafayette St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Burrell

(a) Residence: No. 1000 Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Burrell

DATE OF BIRTH (month, day, year): 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Foundry

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Burrell

(Address): 1000 Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place: Johns Hopkins Date: Jan 18, 1935

UNDERTAKER: Adolphus Hightrad

(Address): 952 Druid Hill Ave.

FILED: Jan 17 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/17/35

22. I HEREBY CERTIFY, That I attended deceased from 1/15/35, 19 to 1/17/35, 19

I last saw him alive on 1/14/35 at 10:30 A.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Organic Heart Disease — Date of onset 1/10/34

Other contributory causes of importance: Hard work

Name of operation: — Date of:

What test confirmed diagnosis: Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) R. Lee Slia. M. D.

(Address) 624 Madison Ave

F 08666

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08666

51-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospt. 10 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theadore Harris

(a) Residence: No. 730 Aiay alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX male | 4. Color or Race colored | 5. Single, Married, Widowed, or Divorced (write the word) married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Harris

DATE OF BIRTH (month, day, year) 10/23/65

AGE Years 69 | Months 2 | Days 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) ? Maryland

13. NAME Sam Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma (?)

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) 1501 N. Belond

BURIAL, CREMATION, OR REMOVAL Place [illegible] cemetery Date Jan 21 1934

UNDERTAKER Edw [illegible]
(Address) 631 Orleans st

FILED [illegible] Hunting for [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1934 to 1-17, 1935 Death is said I last saw him alive on 1-17, 1935 to have occurred on the date stated above, at 930 m.

The principal cause of death and related causes of importance were as follows:

a Carcinoma of Bladder — Date of onset ?

Other contributory causes of importance: Malnutrition Secondary ? ?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt J Mountin M. D.

(Address) Balto City Hospt

F 08667

F 08667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 45-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Guilford Ave St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Katherine Byrnes

(a) Residence: No. 2611 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of James P Byrnes

DATE OF BIRTH (month, day, year) Dec 15 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Edward Hawkins

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Frances Kenna

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs. Frances Hennessy

(Address) 2611 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Jan 19 1935

UNDERTAKER Henry Hook and Son

(Address) 301 E Eager St

FILED ... 19... Livingston Williamson Md

B 81535

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5 1932 to Jan 16 1935

I last saw her alive on Jan 14 1935 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue with Metastasis to neck	
Other contributory causes of importance: Myocardial degeneration	

Name of operation Resection of R. tongue Date of 5/24/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C R Edwards M. D.

(Address) 101 N Rock St

D. P. 1268-9

F 08668

F 08668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 732-E. 21st. Street St. 9 Ward)

rth of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William K. Powers

(a) Residence: No. 732-E. 21st. Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen B. (Leonard)

ATE OF BIRTH (month, day, year) 2/18/1876

GE	Years	Months	Days	If LESS than 1 day XXXX or min.
	58	10	29 28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 003

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME William K. Powers

BIRTHPLACE (city or town) (State or country) Canadda

MAIDEN NAME Kate Fagan

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT Mrs. Ellen B. Powers

(Address) 732-E. 21st. Street

URIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date 1/19/35. 19

NDERTAKER Geo. J. Roth & Son

(Address) 1735-Harford Ave.

LED 1/18/1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6:55 m.

The principal cause of death and related causes of importance were as follows: Probably Coronary Thrombosis or Stenosis — Date of onset

Other contributory causes of importance: History of Anginal pains

Name of operation Inquiry Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Cullen, M. D. Coroner

(Address) 508 E. Monument

D. B. F° 08669 F 08669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 8 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Jones

(a) Residence: No. 1706 W. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. (Plummer)

6. DATE OF BIRTH (month, day, year) 10-IV-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contr

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Henry D. Jones

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Barbara (Miller)

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Mary A. Jones (Address) 1706 W. Washington St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 1/21/35, 19

19. UNDERTAKER Ruth Jones (Address) 735 Hollins

20. FILED Jan 19 35, 19 Registrar.

1-19-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935 to Jan 17, 1935

that I saw him alive on Jan 17, 1935 Death is said to have occurred on the date stated above, at 3 PM.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset

Cardiac insufficiency

Chron. nephrosclerosis

Other contributory causes of importance:

Chronic nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur C. Kalhoot, M. D.

(Address) Sinai Hosp.

F 08670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08670

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724-Holbrook Street St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Maria McGinnis

(a) Residence: No. 1724-Holbrook Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John F. McGinnis

6. DATE OF BIRTH (month, day, year) Mar. 16th, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	10	-	xxxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Michael J. Meskill

14. BIRTHPLACE (city or town) (State or country) Elmira, N.Y.

15. MAIDEN NAME OF MOTHER Anna Manning

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John F. McGinnis

(Address) 1724-Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Joseph-Texas, Md. 1/19/33

19. UNDERTAKER Geary & Butler

(Address) 1734-Harford Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1933 to January 16, 1933.

I last saw h.e.r alive on January 16, 1933 Death is said to have occurred on the date stated above, at 7.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1929

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clara W. Edwards, M. D.

(Address) 4746 Alameda Blvd.

F 08671

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08671

CERTIFICATE OF DEATH

X-157-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St. W. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. X ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Kidwell

(a) Residence: No. Odenton Md. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Jan. 14. 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME C. C. Kidwell

14. BIRTHPLACE (city or town) (State or country) Winchester Va.

15. MAIDEN NAME Henrietta Orndorff

16. BIRTHPLACE (city or town) (State or country) Winchester Va.

INFORMANT C. C. Kidwell

(Address) Odenton Md.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Jan. 18. 1935

UNDERTAKER Mr. & Mrs. John W. Funk & Son

(Address) 801 W. Fayette St.

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-14-1935 to 1-15-1935

I last saw her alive on 1-18-1935. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchopneumonia	1-14-35
	1-11-35

Other contributory causes of importance:

Umbilical hernia - congenital

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

no ..If so, specify .....

(Signed) Ernest W Jan M. D.

(Address) University Hospital

F 08672

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08672

CERTIFICATE OF DEATH

164a

Registered No.

1. PLACE OF DEATH — Declared dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Irvin G. Hoffmann

(a) Residence: No. 2862 Mayfield Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Matilda Hofmann

DATE OF BIRTH (month, day, year) — Dec. 28/1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	0	18 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Post Office/ Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — U.S.

10. Date deceased last worked at this occupation (month and year) — Jan 14/35

11. Total time (years) spent in this occupation — 16

BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

13. NAME — Charles Hofmann

14. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

15. MAIDEN NAME — Ernestine Smith

16. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

INFORMANT — Mrs Ernestine Hofmann

(Address) — 514 N. Linwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Pantingood Date Jan 19 1935

UNDERTAKER — John C. Miller

(Address) 2435 E. Eleven Mile

Filed JAN 18 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Jan 15/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at about 4.15 P. M. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Asphixiation	Jan 15/35

Other contributory causes of importance:

Name of operation — Blood analysis — Date of ...

What test confirmed diagnosis? — Was there an autopsy? — no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Probably Suicide — Date of injury — Jan 15/35 19...

Where did injury occur? — Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place — in kitchen of home.

Manner of injury — Four burners were found of range burning after explosion, probably gas ignited from gas refrigerator.

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John C. Miller Coroner, M. D.

(Address) 5066 Frankford Ave.

D. B. F 08673

F 08673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME (29) 2037 Cliftwood Ave

(a) Residence: No. (1) Charles J. Lang St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret U.

6. DATE OF BIRTH (month, day, year) Aug 29/1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	4	17 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Collington Leisure Club.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Christ Lang

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Schwartzelberger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret U. Lang

(Address) 2037 Cliftwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Date Jan 19 1935

19. UNDERTAKER John C. Miller

(Address) 2433 E. Oliver St

JAN 19 1935 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16/35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.15 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Jan 16/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Green, M. D.
Coroner

(Address) 5086 Roland Ave

F 08674

08674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 149-B

Registered No. .....

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) President Park St., 17 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Martha Hebb

(a) Residence: No. 326 Myrtle Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Fem

4. Color or Race: Wh

5. Single, Married, Widowed, or Divorced: Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Stephen Paul Hebb

DATE OF BIRTH (month, day, year): Dec 1909

AGE: Years 26 | Months 1 | Days — | If LESS than 1 day, ...hrs. or ...min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Boston Mass

8. NAME OF FATHER: Saml Higgins

9. BIRTHPLACE (city or town) (State or country): Mass

10. MAIDEN NAME OF MOTHER: Elizabeth Tibbs.

11. BIRTHPLACE (city or town) (State or country): Mass

INFORMANT: Stephen Hebb

(Address): 326 Myrtle Ave

BURIAL, CREMATION, OR REMOVAL: Date Jan 19 35

Place Mt Calvary

UNDERTAKER: Ernest Wilson

(Address) 120 Brantleyave

FILED JAN 18 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.....

to ..... 19..... I last saw h... alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Uterus due to Child Birth	

Other contributory causes of importance:

Name of operation Autopsy Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lurk M. D.
Coroner

(Address)

F 08675

08675 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. Provident Hosp. St., 18 Ward)

Length of residence in city (or town) where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lloyd Bond

(a) Residence: No. 867 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Norfolk Va

10. NAME mukuna

BIRTHPLACE (city or town) (State or country) Va

12. MAIDEN NAME mukuna

BIRTHPLACE (city or town) (State or country) Va

13. INFORMANT Mrs Smith

(Address) 1047 Brantley R.

14. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 19 1935

15. UNDERTAKER Elroy J Wilson

(Address) 1002 Brantley ave

Filed JAN 18 1935 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15th 1935

22. I HEREBY CERTIFY That I attended deceased from , 19 to , 19

I last saw h alive on Unsure Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	
8 Days	

Other contributory causes of importance:

Name of operation Exploratory Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. O. Lurk Coroner, M. D.

(Address)

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

676 F 08676

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 S Decker Ave Ward)

Length of residence in city or town where death occurred 40 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

2. FULL NAME James Holewinski alias Blair

(a) Residence: No. 532 S Decker Ave St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ewa

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant 0026

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER Jozef Holewinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Mary Bataszczak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Eva Holewinski

(Address) 532 S Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Tamus Date 1/21 30 19

19. UNDERTAKER Wm J Fuda

(Address) 1811 Gudeon St

FILED . 19 Registrar

JAN 18 1935 Hope Wire Mfg. Co. Millville, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 35. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7/35 . 19 . to Jan. 16/35 . 19

I last saw him alive on Jan 16 35 19 Death is said to have occurred on the date stated above, at 7 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan 9 35
Other contributory causes of importance:	
Influenza	Jan 7 35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. H. Herrmann . M. D.

(Address) 2712 E Baltimore St

D. P. 1268-9

8677

HEALTH DEPARTMENT—CITY OF BALTIMORE 108677

CERTIFICATE OF DEATH

46-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5707 Fair Oaks Ave St., 27th Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Hauser

(a) Residence: No. 5707 Fair Oaks Ave St., Ward.
(Usual place of abode) same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Dewitt C. Hauser

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Smithfield Ohio

13. NAME OF FATHER Moses Fleming

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME OF MOTHER Cain

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Chas Hauser

(Address) 5707 Fair Oaks Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cem. Date Jan 19, 1935

UNDERTAKER Wm Finda

(Address) 2211 Eutaw St

FILED 19 Registered No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934, to Jan 16, 1935

I last saw h[illegible] alive on Jan 15, 1935 Death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Jan 16
Other contributory causes of importance: Arteriosclerosis + chronic nephritis	Unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M Brennan and Wood, M. D.

(Address) 2216 Jenkins Alley

Huntington

D. P. 1268-9

F 08678

08678 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH XV 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp - St., 76 Ward)

Length of residence in city or town where death occurred 18 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wanda Deiro 257 Patapsco Ave

(a) Residence: No. St Helena Ave Dundalk Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5/19/1912

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22.	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Natali Deiro

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Natalina Ottaviani

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT mother
(Address) above address.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 19, 1935

UNDERTAKER Frank V. Pipitone
(Address) 2815 E. Baltimore St. Huntington Terrace, Md.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1934 to 1/16, 1935

I last saw h.im alive on 1/16, 1935 Death is said to have occurred on the date stated above, at 12 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease rheumatic a mitral stenosis & insufficiency	Sept 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

D. B. 1268-9

F 08679

08679 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 11-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 Poplar Grove, 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A Cook

(a) Residence: No. 1505 Poplar Grove St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or WIFE of) Ethel E Cook

6. DATE OF BIRTH (month, day, year) Dec 1 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46 47	1	15 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk at B & O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R

10. Date deceased last worked at this occupation (month and year) 1-7-35

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Baltimore md

13. NAME Thomas J Cook

14. BIRTHPLACE (city or town) (State or country) Dorchester Co md

15. MAIDEN NAME Sophia Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Mrs Clara C Cook

(Address) 1237 Battery ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 18, 1935

19. UNDERTAKER John F Denny

(Address) 715 Whitelock Pl

JAN 18 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1935 to Jan 15, 1935

That I last saw him alive on Jan 14, 1935 Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Broncho-Lobar)	1/9/35
complicating influenza	1/6/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hayley Cole M. D.

(Address) 2202 Harrison Blvd

F 08680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 S Collin Ave 70 Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Warner Fischer

(a) Residence: No. 327 S Collins Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: William L Fischer

DATE OF BIRTH (month, day, year): Aug 12 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Conrad Warner

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary Albright

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs A Smith

(Address) 327 S Collins Ave

BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: Jan 21 1935

UNDERTAKER: F Vernon Wechsler

(Address) 1532 Baltimore St

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/9 1935 to 1/17 1935

I last saw h alive on 1/17 1935 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset: 2 days

Other contributory causes of importance:

Influenza — 1 day

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C D Wheeler M. D.

(Address) 1217 William St

F 08681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08681

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E Harris

(a) Residence: No. 604 S. Fremont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cd	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Tube Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harrisburg Pa

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Katie Butler

(Address) 604 S. Fremont Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 1/19/35

UNDERTAKER Walter B. Gregg

(Address) 139 Williams St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/13/1935

Where did injury occur? Washington Blvd near Balto Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury nothing else noted

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Jos. P. Dorsey Coroner M. D.

(Address) 1222 E Madison St

D. P. 1263

F 08682

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08682

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hosp

CITY OF BALTIMORE: (No. Balto Md St., 13 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Norris

(a) Residence: No. 707 N. Bruce St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Laura

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Records Balto City Hosp

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Jan 18th, 1935

UNDERTAKER Archibald C. Gaddis

(Address) 2101 McCulloh St

FILED 19.... Registrar

JAN 18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-11-, 1935, to 1-16, 1935

I last saw him alive on 1-16, 1935 Death is said to have occurred on the date stated above, at 8.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	2 wks
R Lemiatic	
Other contributory causes of importance:	
Pulmonary Tbc + Toxic Psychosis	Unk.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John F. Bonnet, M. D.

(Address) Balto. City Hosp.

D. B. 1268-9

F 08683

08683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 24 Ward)

ength of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martin H Heil

(a) Residence: No. 1432 Cookson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary. Heil

DATE OF BIRTH (month, day, year) Oct 29, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Can)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Work.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME HENRY Anthony Heil

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margt Arnold.

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital record

(Address)

BURIAL, CREMATION, OR REMOVAL Cedar Hill Date Jan. 21 1935

UNDERTAKER E. B. Yarde

(Address) 115 E. Mt. St.

FILED Jan 21 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1935 to Jan 18 1935

I last saw him alive on Jan 16 1935. Death is said to have occurred on the date stated above, at 7 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Head of the Pancreas	

Other contributory causes of importance:

anemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. E. Proctor M. D.

(Address) Md Gen Hosp.

D. B 1268-9

F 08684

08684 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122 B.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 30 Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna Cole.

(a) Residence: No. 2553 Mc Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
(or) WIFE of Lic Cole

DATE OF BIRTH (month, day, year) March 27-1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	9 mo.	20.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife - At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Geisberg Germany

13. NAME John Hinderer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Rechi

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park. Date January-19-1935

UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

FILED 1935 Huntingtown, Md. Registrar.

8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1935. to 1-17, 1935.

I last saw her alive on 1-17, 1935. Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	1 yr.
Intestinal Obstruction	7 days

Other contributory causes of importance:

Name of operation Laparotomy Date of 1-16-35

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) H. Crooks M. D.

(Address) Md Gen. Hosp.

D. B. 1268-9

F 08685

HEALTH DEPARTMENT—CITY OF BALTIMORE

685

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary [redacted] (Schrandner)

(a) Residence: No. 7516 Belair Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of John L. Schrandner

6. DATE OF BIRTH (month, day, year) October 14, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc at Home
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER John Grosskopf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H. Schrandner
(Address) 7517 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 19, 1935

19. UNDERTAKER Leslie Butler Inc
(Address) [redacted]

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1935 to January 16, 1935

I last saw her alive on January 16, 1935. Death is said to have occurred on the date stated above, at 5:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cholangitis	
2. Peritonitis	
Other contributory causes of importance:	

Name of operation Cholecystectomy Date of 1-14-35

What test confirmed diagnosis? X-R Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. M. Masenellen, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. B. 1268-9

3686 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 18686

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 E. Oliver St., 8 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John H. Neff

(a) Residence: No. 2408 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Johanna Neff

DATE OF BIRTH (month, day, year) Jan. 20 - 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist 60 yrs.
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME John Neff

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME ?

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Johanna Neff Wife
(Address) 2408 E. Oliver St.

17. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 19 - 1935

18. UNDERTAKER Lilly & Feiler Inc
(Address) 453 W. Lexington St.

19. FILED Jan 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 - 1935

22. I HEREBY CERTIFY, That I attended deceased from January 7 - 1935 - to Jan. 16 - 1935 - I last saw him alive on Jan. 16 - 1935 - Death is said to have occurred on the date stated above, at 11-0 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	1 Yr.
Other contributory causes of importance: Acute Dilatation of Heart.	1/0/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm D Schultz M. D.

(Address) 701 N. Broadway Ave.

D. H. 1268-9

F 08687

8687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 N. Clinton St., 26 Ward)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 12 dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Mueller

(a) Residence: No. 21 N. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Mueller

6. DATE OF BIRTH (month, day, year) Aug 3 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 28

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME OF FATHER Wm. Mueller

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Amelia Wittek

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Ellen Mueller
(Address) 21 N. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan. 19 1935

19. UNDERTAKER Lilly & Zeiler
(Address) 402 E. Lafayette Ave

Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1935 to Jan 15 1935.

I last saw him alive on Jan 14 1935 Death is said to have occurred on the date stated above, at 11.40 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Occlusion	Jan 1, '35
Chronic Myocarditis	
Acute Heart Failure	

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Bruner M. D.

(Address) 1512 E. Baltimore St

D. B. 1268-9

F 08688

HEALTH DEPARTMENT—CITY OF BALTIMORE

08688

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 515 N. Fulton Ave (Ward) 14

(If outside city or town, give place where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Boarman

(a) Residence: No. 515 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal dealer for self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Thomas L. Boarman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Marian Burch

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Angeline Boarman

(Address) 515 N. Fulton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 19, 1935

UNDERTAKER Martin Tabert & Sons

(Address) 1827 E. North Ave.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 16, 1935

I last saw him alive on Jan 16, 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/16/35
Other contributory causes of importance: Hypertension	1933
Previous Cerebral Hemorrhage	6/2/33

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin A. Mortimer Jr., M. D.

(Address) 530 N. Fulton Ave.

D. B. 1268-9

F 08689

8689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

189✓

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Dennis Lanahan

(a) Residence: No. 911 E Lombard St., 3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital records
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Dunbar Date 1/18/35

19. UNDERTAKER J. J. Fahey Sons
(Address) 1318 Light St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition & Starvation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B B Hergog M.D. Coroner M. D.

(Address) 1305 N Patterson Park

8 1935 N

D. B. 1268-9

F 08690

08690 10-

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 H

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Lewis

(a) Residence: No. 421 Mosher St., 14 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/6/82

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Sam J. Cunningham

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary A Thompson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date 1/19/35 19

19. UNDERTAKER Mr. Geo. E. Holland

(Address) 1631 Druid Hill Ave

1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1934 to Jan 16 1935

I last saw h alive on Jan 16 1935 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA RETROPERITONEAL GLANDS	JAN 1934
UREMIA	Jan 2, 1935
PULMONARY, THROMBOSIS	Jan 16 1935

Other contributory causes of importance:

ASCITES

Name of operation EVACUATION OF ASCITES BIOPSY OMENTAL METASTASES JAN 2, 1935

What test confirmed diagnosis? BIOPSY Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Eric Henrikson, M. D.

(Address) Johns Hopkins Hospital

D. P. 1268-9

F 08691

08691 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 94B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Selby.

(a) Residence: No. 1523 Druid Hill Ave. Ward. 14

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Selby.

6. DATE OF BIRTH (month, day, year) 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	0.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) East Shore Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Estelle Nolley (friend)

(Address) 1409 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place W. L. Auburn Date 1/19/35 19

19. UNDERTAKER Mrs. George H. Holland

(Address) 1631 Druid Hill Ave

19 . Registrar.

1935

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/2 . 1934 to 1/16 . 1935

I last saw her alive on 1/16 . 1935 Death is said to have occurred on the date stated above, at 11 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	3 mo.
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

D. B. 1268-9

✓ F 08692

8692 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4019 Roland Ave. St., 13 Ward)

Length of residence in city or town where death occurred 46 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Holston

(a) Residence: No. 4019 Roland Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Holston

7. DATE OF BIRTH (month, day, year) July 21-1847

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	26	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) | 12. Total time (years) spent in this occupation 0000

13. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

14. NAME John D. Blakeney

15. BIRTHPLACE (city or town) (State or country) Maryland

16. MAIDEN NAME Sarah Gadsby

17. BIRTHPLACE (city or town) (State or country) England

18. INFORMANT F. Frank Holston

(Address) 5722 Cross Country Blvd.

19. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan. 19. 1935

20. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

1935 Huntington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Jan 17 1935

I last saw her alive on Jan 17 1935. Death is said to have occurred on the date stated above, at 4.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	1/1/35

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) Archey J Dawes M. D.

(Address) 800 E 33rd St

D. P. 1269-9

F 08693

8693 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 152

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4 Ward)

gth of residence in city or town where death occurred yrs. mns. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME JOHN LOMAX

(a) Residence: No. ELLICOTT CITY St., Ward. MD.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	WIDOWED

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1935 Life

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

NT OF MENT: Funeral Home
Address) Ellicott City

BURIAL, CREMATION, OR REMOVAL
Place W. Friendship Date 1-18 19 35

UNDERTAKER Euston Sons
(Address) Ellicott City

FILED 19 Registrar

JAN 18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1935 to 1-16 1935

I last saw h[illegible] alive on 1-16 1935 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CELLULITIS LEFT ARM	1-8-35
STREPTOCOCCUS SEPTICEMIA	1-11-35

Other contributory causes of Importance:

Name of operation Incision & drainage Date of 1-16-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur L. Kurinsky M. D.

(Address) University Hospital

D. B. 1268-9

F 08694

8694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Bellemore Rd St., 27 Ward)

Length of residence in city or town where death occurred 44 yrs. 8 mos. 14 ds. How long in U. S. If of foreign birth, yrs. mos. ds. 44 8 14

2. FULL NAME Dr. Charles Carroll Stabliston

(a) Residence: No. 1123 Bellemore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louise S. Stabliston

6. DATE OF BIRTH (month, day, year) May-3-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 0054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year) Sept-1-1934

11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME (Father) Charles Carroll Stabliston

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

15. MAIDEN NAME Helen J. Wallace

16. BIRTHPLACE (city or town) (State or country) unknown Illinois

17. INFORMANT Mrs Louise S. Stabliston (wife)

(Address) 1123 Bellemore Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan-19 19 35

19. UNDERTAKER Stewart & Mowbray Co.

(Address) 108 W Madison Ave.

JAN 13 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-17-35 19

22. I HEREBY CERTIFY, That I attended deceased from September 10 1934 to January 17 1935 19 35

I last saw him alive on January 17 1935. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency on the basis of Chronic Hypertension	about Dec 1/34
Other contributory causes of importance: Bronchopneumonia	7 days duration

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry W. Stew M. D.

(Address) 1042 W. Madison

D. P. 1268-9

F 08695

08695 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dong Yoke

(a) Residence: No. 209 N. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Chinese	

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hill Date 1/19/35 19

19. UNDERTAKER Lemmert J. Mowen
(Address) 705 E. Fayette St.

20. FILED ... 19 ... Registrar.

JAN 19 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/13, 1935, to 1/17, 1935

I last saw him alive on 1/17, 1935. Death is said to have occurred on the date stated above, at 5-15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Cerebral hemorrhage rt	5 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reder, M. D.

(Address) Balto City Hosp.

D. B. 1268-9

F 08696

08696 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH x 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Walnut Ave. St., 28 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Arch L. Wooddy

(a) Residence: No. Charlestown, Jefferson Co., W.Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Estelle L. Wooddy

6. DATE OF BIRTH (month, day, year) April 9, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Nov. 1930

11. Total time (years) spent in this occupation 35 yrs

BIRTHPLACE (city or town) Charlestown
(State or country) W. Va.

12. NAME James P. H. Wooddy

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Helen Madlock

16. BIRTHPLACE (city or town) Washington
(State or country) D. C.

INFORMANT Mr. Arthur Wooddy
(Address) 805 Walnut Ave.

BURIAL, CREMATION, OR REMOVAL
Place Charlestown, W.Va. Date Jan. 20, 1935

UNDERTAKER Wetzel Rook
(Address) 1003 N. Baltimore St.

Filed JAN 1935 Martin Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 im, 1935 to Jan 17, 1935

I last saw h..... alive on Jan 17, 1935 Death is said to have occurred on the date stated above, at 11.08 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Nephrosis	?
Chronic Nephritis	?
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Decompensation	2 days

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Wood, M. D.

(Address) Medical Arts Bldg.

B. 1268-9

E 08697

8697 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-A

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 211 S. Central ave. 3rd Ward)

gth of residence in city or town where death occurred: 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Carmelo Meo.

(a) Residence: No. 211 S. Central ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nella Meo.

7. DATE OF BIRTH (month, day, year) April 1 1871

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64.	3	13	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Italy

14. NAME OF FATHER Salvadore Meo

15. BIRTHPLACE (city or town) (State or country) Italy

16. MAIDEN NAME OF MOTHER Unknown

17. BIRTHPLACE (city or town) (State or country) Italy.

18. INFORMANT Phillip Meo

(Address) 242 S. Eden St.

19. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 21 1935

20. UNDERTAKER Wendell J. Dupuy

(Address) 29 S. Eden St.

Huntington Williams M.D.
Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16-35

22. I HEREBY CERTIFY, That I attended deceased from March - 1934 to Jan - 16 1935

I last saw h/ W alive on 1-16- 1935 Death is said to have occurred on the date stated above, at 7.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1929
Pneumonia	1929
Cerebral Hemorrhage	1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Anthony J. Meo M. D.

(Address) 2214 S. Eden St.

B 1265-9

E 08698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

3698

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Hold of S/S "Exarch"

Y OF BALTIMORE: (No. Pier 6 Locust Point St., 24 Ward)

th of residence in city or town where death occurred 18 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 23 yrs. 7 mos. ds.

FULL NAME Ignatius Kloster.

(a) Residence: No. 1312 Andre St/ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, XXXXXXXXXXX
HUSBAND of Barbara Kloster.
XXXXXX

TE OF BIRTH (month, day, year) September 25,1894

E Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	20 21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 1/15/35

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME George Kloster.

BIRTHPLACE (city or town) (State or country) Russia.

MAIDEN NAME Catherine ------

BIRTHPLACE (city or town) (State or country) Russia.

FORMANT Barbara Kloster.(wife)
(Address) 1312 Andre St.

RIAL, CREMATION, OR REMOVAL Holy Cross A A Date 1/19/35 19

NDERTAKER Chas. L. Stevens
(Address) 1501 E. Ford ave

LED 1935 Washington Hill Road

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15,1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 3.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of the skull.	
struck on the head by a falling tub of ore.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? Np

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/15/35 19

Where did injury occur? Pier 6 Locust Point.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury falling tub of ore.

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signature) Otto M. Reinhardt Coroner, M. D.

1/16/35 (Address) 1017 E. Charles st.

D. B. 1268-9

F 08699

8699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 508 E. Chase St St., 10 Ward)

gth of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edwin A. Burgess

(a) Residence: No. 508 E Chase St. St., Ward,
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Lucile E. Alvord Burgess

ATE OF BIRTH (month, day, year) May 27 1893

Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk City Hall Highway Dept.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Yard East Lane

Date deceased last worked at this occupation (month and year) 1/16/34

11. Total time (years) spent in this occupation 9 yrs.

IRTHPLACE (city or town) (State or country) Baltimore Md

NAME Edwin Burgess

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME Louria Buttler

BIRTHPLACE (city or town) (State or country) Baltimore Md.

FORMANT (Address) Mrs. Lucile E. Burgess 508 E. Chase St.

RIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date Jan 19, 1935

NDERTAKER (Address) Edwin W. Conklin 924 E Lafayette St.

LED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw on , 19 Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Sclerosis	
Other contributory causes of importance: Acute Coronary Thrombosis	

Name of operation: Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James M Fenlon Coroner, M. D.

(Address) 700 E Chase

F 08700

8700 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 E. Chase St. St., 10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Helen Davis

(a) Residence: No. 908 E Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2-1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER William L. Davis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Rose M. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Rose M. Davis

(Address) 908 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Jan 19, 1935

19. UNDERTAKER Edwin W. Conklin

(Address) 524 E Eager St.
Huntington Williams, MD

DATE 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1923, to Jany 17, 1935

I last saw her alive on Jany 16 1935 death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsion at 5 days Started	
Imbecile from few months	
Congental Mitral Stenosis	
Hypostatic pneumonia	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. T. Clift, M. D.

(Address) 10 E Franklin St

F 08701

701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH South Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., St. 25 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis F. Crowl

(a) Residence: No. 3558 6th St. Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose A. Crowl

6. DATE OF BIRTH (month, day, year) Aug. 10 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Crowl

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Charlotte Unduch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Rose A. Crowl (Wife)

(Address) 3558 6th St. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 21. 1935

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

Huntington Williams Mgr.
Licensed Embalmer.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 . 1935 to Jan 17 . 1935

I last saw h.. alive on Jan 17 . 1935 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Webb M. D.

(Address) 1213 Light St

D. B 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE 8702

8702

94-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 N Colvert St. 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William E Kennedy

(a) Residence: No. 2007 N Colvert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) January 13-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	0	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME OF FATHER John J. Kennedy

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

14. MAIDEN NAME OF MOTHER Mary E. Moylan

15. BIRTHPLACE (city or town) (State or country) Baltimore

16. INFORMANT Mrs E. Kennedy

(Address) 2007 No Colvert St

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 19 1935

18. UNDERTAKER Margaret E. Flynn

(Address) 1102 N. Hilton St

19. FILED 1935 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 17-35
Other contributory causes of importance: Arterio-Sclerosis	

Name of operation None Date

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Howard

F 08703

B. 1268-9

08703 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2313 Eastern Ave. Ward) 1

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Virginia Francis Funk

(a) Residence: No. 2313 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: John W. Funk

DATE OF BIRTH (month, day, year): May 20-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Matthews Va.

NAME OF FATHER: John H. Jarvis

BIRTHPLACE (city or town) (State or country): Va.

MAIDEN NAME OF MOTHER: Susan Turner

BIRTHPLACE (city or town) (State or country): Va.

INFORMANT: Mary B Belk Lucas

(Address) 2313 Eastern Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Md. Date: Jan. 19. 1935

UNDERTAKER: Mrs C Miller & Son

(Address) 2334 Jefferson St.

FILED: Hamilton Williams, Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1. 19.. to Jan 16. 1935

I last saw h.. alive on Jan 15— 1935 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fract Hip	
Arterio Sclerosis	
Other contributory causes of importance: Pulv. Oedema	

Name of operation: ✓ Date of:

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury May 1934

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: Fall

Nature of injury: Fract Hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas J Beeler M. D.

(Address) 20 E Preston

Co. 5-11 8508

F 08704

08704 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

PLACE OF DEATH 2416 W. Baltimore St. 20

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., ... Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles L. Sauerwein

(a) Residence: No. 2416 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen L. Sauerwein.

ATE OF BIRTH (month, day, year) Nov. 7. 1882

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	52	2	11	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shopman
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway Co
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

NAME Albert Sauerwein

BIRTHPLACE (city or town) (State or country) Balto Md.

MAIDEN NAME Lena Thomas

BIRTHPLACE (city or town) (State or country) Balto, Md.

NFORMANT Mrs Ellen L. Sauerwein
(Address) 2416 W. Baltimore St.

URIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 21. 1935

NDERTAKER George L. Schwab
(Address) 2101 Eutaw Place

1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 11. 1935 to Jan 18. 1935

I last saw h... alive on Jan 18 1935 death is said to have occurred on the date stated above, at 1.45 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia Coronac Dilatation	2 day
Other contributory causes of importance: Dilated Stomach Pneumonia	8 days week

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Katzen M. D.

(Address) 2027 W. Mount St.

B 1268-9

F 08705

8705 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. St. Agnes Hospital St., 25 Ward)

gth of residence in city or town where death occurred [illegible] mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Wilbur F. Johnson

(a) Residence: No. Viaduct Ave; Relay, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Johnson

ATE OF BIRTH (month, day, year) Feb. 8-1871.

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	11	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Elec. Co.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

. NAME Thomas Johnson

. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

. MAIDEN NAME Charlotte Penn

. BIRTHPLACE (city or town) Baltimore
(State or country) ~~Maryland~~

NFORMANT Mary A. Johnson
(Address) Relay, Md.

URIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Jan 19, 1935

NDERTAKER Jno. Mrs. John K. Tuttle & Son
(Address) 801 W. Lafayette St.

B 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 16 1935
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno. L. Valentine M. D.
Coroner

(Address) 16 South Broadway

D. P. 1268-9

F 08706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 126

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence W Thomas

(a) Residence: No. Charlotte Hall St., ... Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Hannah L. Cooper

6. DATE OF BIRTH (month, day, year) 7-2-62

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER James Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Clara Mackubin

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records Jennie Thomas

(Address) 2818 Guilford ave

18. BURIAL, CREMATION OR REMOVAL

Place All Faith St. Mary's Date Jany 19 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1910 Eutaw Place

FILED 25 ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13. 1935. to Jan 16. 1935. I last saw him alive on Jan 16. 1935. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	1/13/35
Arteriosclerosis	?
Myocardial Insufficiency	1/14/35

Other contributory causes of importance:

Chronic Nephritis ?	12/5-34
Chronic Cystitis ?	12/5/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Eichelberger M. D.

(Address) Johns Hopkins Hospital

H. B. 1268-9

✓ F 08707

707

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-W

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 6 E. Read St., 11 Ward)

gth of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clayton P. Cannon

(a) Residence: No. 6 E. Read St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	married

f married, widowed, or divorced
HUSBAND of
(or) WIFE of Camsadel Shipley

ATE OF BIRTH (month, day, year) March 17, 1887

GE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
47	10	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Balto.
(State or country) Md.

. NAME Clayton Cannon

. BIRTHPLACE (city or town)
(State or country) Md.

. MAIDEN NAME Grace Pearson

. BIRTHPLACE (city or town) Balto.
(State or country) Md.

NFORMANT Mrs. Camsadel S. Cannon
(Address) 6 E. Read St.

URIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 1/19/35 19

NDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

1935 Huntington Williams, M.D.
19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1935 to Jan 17, 1935

I last saw him alive on Jan. 16, 1935 Death is said to have occurred on the date stated above, at abt 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 14 1935
Angina Pectoris	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Jefferies Beeks, M. D.

(Address) 2844 St. Paul St.

B. 1268-9

F 08708.

708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1118 St. Paul St. St., 11 Ward)

th of residence in city or town where death occurred 60 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

FULL NAME Mary Virginia Zollickoffer Rowland

(a) Residence: No. 1118 St. Paul St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	white	married

married, widowed, or divorced
HUSBAND of (or) WIFE of James M. H. Rowland

TE OF BIRTH (month, day, year) Oct. 8, 1866

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	3	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Carroll Co. Md.

. NAME Edward Zollickoffer

. BIRTHPLACE (city or town) (State or country) Md.

. MAIDEN NAME Jane F. Cosby

. BIRTHPLACE (city or town) (State or country) Va.

FORMANT Dr. James M. H. Rowland
(Address) 1118 St. Paul St.

URIAL, CREMATION, OR REMOVAL

Place Colora, Cecil Co. Date 1/19/35 19

NDERTAKER John O. Mitchell Sons Inc.
(Address) 1900 Eutaw Place

LED 1935 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 1934 to 1/17 35 1935

I last saw her alive on January 14 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	
Cardiac Hypertrophy & dilatation	
Congestive Heart failure	2 mos

Other contributory causes of importance:

Carcinoma of breast (left) (operated)
Metastatic carcinoma left lung

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Maurice Simpson M. D.

(Address) University Hospital

D. B. 1268-9

F 08709

8709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 5837 York Rd 27 Ward)

gth of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas T. Meads

(a) Residence: No. 5837 York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single~~, Married, Widowed, ~~or Divorced~~ (write the word)
ale	White	Widowed

~~married~~ widowed, or ~~divorced~~
~~WIFE~~ HUSBAND of Mary L. Meads

ATE OF BIRTH (month, day, year) Dec 23rd 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cashier

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank 6609

Date deceased last worked at this occupation (month and year) 1922 | 11. Total time (years) spent in this occupation 19

IRTHPLACE (city or town) (State or country) New Market Md

NAME Nathaniel T. Meads

BIRTHPLACE (city or town) (State or country) Red Lion Pa

MAIDEN NAME Sarah V. Wantland

BIRTHPLACE (city or town) (State or country) Rock Chapel Pa

FORMANT Margaret Meads
(Address) 5837 York Rd

RIAL, CREMATION, OR REMOVAL
Place New Market Md Date Jan 19th 1935

NDERTAKER Wm Cook
(Address) 217 St. Paul St

ER 1935 19 Hamilton Md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11- 1932 to Jan. 17- 1935

I last saw him alive on Jan. 16- 1935. Death is said to have occurred on the date stated above, at. 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis, arterio sclerosis	
Coronary thrombosis (some years)	
Angina pectoris	Sept 11-32
Angina pectoris -	Sept. 2-35

Other contributory causes of importance:

Carcinoma Sigmoid - Probably about	1 year

Name of operation Date of

What test confirmed diagnosis? Clinical Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Edward Bruner - M. D.

(Address) 2125 Brightwood ave

D. P. 1268-9

F 08710

8710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....

CITY OF BALTIMORE: (No. Thirty-third St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

FULL NAME Mrs. Mary Alice St Clair

(a) Residence: No. 2841 Pelham Ave St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Lester C. St. Clair

DATE OF BIRTH (month, day, year) May 1st 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	8	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 0-3

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year) Jan 13th 1935 Total time (years) spent in this occupation 8 yrs

9. BIRTHPLACE (city or town) (State or country) Calvert Co Md

10. NAME Ernest Owings

11. BIRTHPLACE (city or town) (State or country) Calvert Co Md

12. MAIDEN NAME Bertie Younger

13. BIRTHPLACE (city or town) (State or country) Calvert Co Md

INFORMANT Lester C. St Clair

(Address) 2841 Pelham Ave

BURIAL, CREMATION, OR REMOVAL

Place Marlboro Cemetery Date Jan 21st 1935

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED 1935 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1935, to Jan. 18, 1935

I last saw HER alive on Jan. 18, 1935 Death is said to have occurred on the date stated above, at 3.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Lobar pneumonia, Bilateral	1-9-35
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles H. Conley Jr. M. D.

(Address) Union Memorial Hosp.

D. P. 1263-9

✓ F 08711

8711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Johns St., 14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Life

2. FULL NAME Wm Bentz

(a) Residence: No. 1524 Johns St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	Mar.

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret S Bentz

6. DATE OF BIRTH (month, day, year) Feb 25-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) July 1927

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Fulda

13. NAME OF FATHER John Bentz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Margaretha Schaffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Bentz

(Address) 3600 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/31 1935

19. UNDERTAKER William Coots

(Address) 1217 St Paul Street

Filed 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1934 to Jan 18 1935

I last saw him alive on Jan 18 1935. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Degeneration	?
Other contributory causes of importance: Pulmonary Oedema	

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H J Norwood M. D.

(Address) 939 W Fayette

✓ F 08712

H. D. P. 1268-9

08712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S Curley St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Anna Schmitzler

(a) Residence: No. 120 S Curley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) JAN 18 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Rudolph H Schmitzler

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ida Sunburg

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Rudolph Schmitzler

(Address) 120 S Curley

BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date 1/19, 1935

UNDERTAKER Geo W. Zirkler

(Address) 1737 E Eager St.

1935 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 18 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h[illegible] alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Asphyxia	1 hr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 413 N Fremont Ave

D. B 1268-9

F 08713

08713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. St., 64 Ward

Length of residence in city or town where death occurred 67 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME George C. Hennemen

(a) Residence: No. 1821 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hennemen

DATE OF BIRTH (month, day, year) June 6 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Station Attendant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Station

8. Date deceased last worked at this occupation (month and year) 1935 — 11. Total time (years) spent in this occupation 6 mos

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

10. NAME OF FATHER Frank Hennemen

11. BIRTHPLACE (city or town) (State or country) Baltimore Md

12. MAIDEN NAME OF MOTHER Catherine Fell

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

14. INFORMANT Mrs Mary Frank

(Address) 1821 W Lanvale St

15. BURIAL, CREMATION, OR REMOVAL

Place Roland Memorial Jan 19. 1935

16. UNDERTAKER Chas. E. Franck

(Address) 802 Madison Ave

JAN 1935 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 3.44 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Lung	Jan. 16 1935

Other contributory causes of importance:

Bullet wound in Chest

Name of operation Post Mortem Date of Jan 17-35

What test confirmed diagnosis? " Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Jan 16 1935

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Gambling

Manner of injury Bullet wound in Chest

Nature of injury Hemorrhage of Lungs

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Shot while working

(Signed) Joseph L. Carbaugh C. D. M. D.
Coroner

(Address) 16 S. Howard

D. P. 1769-9

F 08714

8714

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt. St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. — mos. — ds.

2. FULL NAME George Bauer

(a) Residence: No. 2133 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Hotel

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Peter Bauer

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME Rose (?)

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT B.C.A. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date Jan 19, 1935

19. UNDERTAKER J. B. Tibbert & Son
(Address) 1500 Eutaw Place

20. FILED ..., 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1935 to 1-16 1935

I last saw him alive on 1-15 1935 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4-5 days
Bronchopneumonia	2 days

Other contributory causes of importance: Cirrhosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Gross M. D.

(Address) Balto City Hospitals

D. B. 1268-9

F 08715

8715 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1017 E. Preston St. 10 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Fannie R. Kuhn - (Kuhn)

(a) Residence: No. 1017 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis K. Kuhn

DATE OF BIRTH (month, day, year) Sept 8 - 1844

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	4	9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cumberland County Pa

10. NAME John Rife

BIRTHPLACE (city or town) (State or country) Dauphin County Pa

MAIDEN NAME Barbara Gingrich

BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Fannie R. Kuhn

(Address) 1017 E Preston St.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov. 19. 1935

UNDERTAKER E. B. Hufnagel & Son

(Address) 1300 Eutaw Place

FILED 1935 Thos. L. Wise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from 10.22. 1934 to 11/17 1935

I last saw h[illegible] alive on 6/16/ 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Renal Disease	?
Hypertension	?
Myocardial Failure	Several yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum, M. D.

(Address) 1206 E. Preston St.

D. B. 1268-9

F 08716

HEALTH DEPARTMENT—CITY OF BALTIMORE

716

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hospital St., ... Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John G. C. Alexander

(a) Residence: No. 1616 N. Bethel St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara A.

6. DATE OF BIRTH (month, day, year): July 22, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer Smith Hat

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Aberdeen, Md

13. NAME OF FATHER: James M. Alexander

14. BIRTHPLACE (city or town) (State or country): Cecil Co, Md

15. MAIDEN NAME OF MOTHER: Anne Mallick

16. BIRTHPLACE (city or town) (State or country): Harford Co, Md

17. INFORMANT: Clara A. Alexander

(Address): 1616 N. Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: Jan 21, 1935

19. UNDERTAKER: H. B. Hebbert & Son

(Address): 130 E. Eutaw Place

8995 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935 to January 15, 1935

I last saw him alive on January 1, 1935. Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Brain Abscess	

Other contributory causes of importance:

Automobile Accident

Name of operation: Craniotomy Date of: 1/14/35

What test confirmed diagnosis: autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury: 12/24/34

Where did injury occur? Patapsco & Brooklyn Aves (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street Accident

Manner of injury: Motorcycle he was driving collided with an automobile

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Cheney, M. D. Coroner

(Address) 2000 E. Monument St

D. P. 1208-9

F 08717

8717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 Frederick Ave St. 70 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME Clara Sue Seipel

(a) Residence: No. 2318 Frederick Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry K. Seipel

DATE OF BIRTH (month, day, year) April 27-1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

9. NAME Emile Hartmann

10. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina Seitz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Henry K. Seipel

(Address) 2318 Frederick Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 21. 1933

UNDERTAKER P. B. Stubbert & Son

(Address) 2nd Entire Place

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17. 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 1933 to Jan 17- 1933

I last saw h[illegible] alive on Jan 17, 1933 Death is said to have occurred on the date stated above, at 8:07 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver Intestines

Metastasis to Stomach & Intestines

Other contributory causes of importance: Pulmonary Oedema

Date of onset

Name of operation Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Norbert C Nytch M. D.

(Address) 215-1-W Wilkens Ave

935

12

D. B. 1268-9

08718

F 08718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 W Mulberry St., 18 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel May Holloman

(a) Residence: No. 1103 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6.30.'14

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1.5.35

11. Total time (years) spent in this occupation 6

BIRTHPLACE (city or town) (State or country) Portsmouth Virginia

13. NAME Richard Holloman

14. BIRTHPLACE (city or town) (State or country) Surry County Virginia

15. MAIDEN NAME Carrie Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Blackstone Virginia

INFORMANT Richard Holloman
(Address) 904 - Boyd St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 19, 1935

UNDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schroeder St.

FILED ..... 19.... ..... Registrar.

D 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1.15.35

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12 1935 to Jan. 15 1935
I last saw her alive on Jan. 15 1935 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia	1.12.35
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical examination Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Parr M. D.
(Address) 865 W. Lexington St.

D. F. 1268-4

✓ F 08719

08719

HEALTH DEPARTMENT—CITY OF BALTIMORE

348-93D

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 70 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Craig.

(a) Residence: No. 349 Ellamont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married.

If married, widowed, or divorced WIFE of (or) HUSBAND of Ella Craig.

DATE OF BIRTH (month, day, year) 4/7/1878.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	9	9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0040

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME James Craig.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Wife

(Address) above address

BURIAL, CREMATION, OR REMOVAL

Place Alexander, Va. Date Jan 19, 1935

UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St.

FILED [illegible] 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/31, 1934 to 1/16, 1935

I last saw him alive on 1/16, 1935 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & congestive failure	6 wks.
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto. City Hosp.

D. B. 1268-9

F 08720

08720 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Thelma Trust

(a) Residence: No. 631 W. Lanvale st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 30, 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	3	16	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
9. Date deceased last worked at this occupation (month and year) Unknown
10. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Robert Trust

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Martha Ray

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1/19/35 19

UNDERTAKER Chas G Cooper
(Address) 514 N Carrollton St.

FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 18, 1934 to January 16, 1935

I last saw her alive on January 16, 1935. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no ... If so, specify ...

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospitals

...—8-16-29—L. F. S.—100 Blks.

8721

F 08721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

...—PLACE OF DEATH

...TY OF BALTIMORE: (No. 1443 madison ST., 14 WARD)

...—FULL NAME Marian Jones

(a) RESIDENCE NO. 1433 Madison Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

...th of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

...	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
...ale	Colored	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

...TE OF BIRTH (month, day, and year) 1846

...	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
...9	89	—	—	—

...CUPATION OF DECEASED

(a) Trade, profession or ...rticular kind of work none

(b) General nature of industry, ...siness, or establishment in ...ich employed (or employer) none

(c) Name of employer —

...THPLACE (city or to... ...ate or country) Washington D.C.

NAME OF FATHER Thomas Jones

BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

MAIDEN NAME OF MOTHER Sarah Maddox

BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant Mrs Carper

(Address) 1433 Madison ave

...1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-17-35

17 I HEREBY CERTIFY That I attended deceased from Jan 1st 1935 to Jan 17th 1935, that I last saw h... alive on Jan 16th 1935 and that death occurred, on the date stated above, at 2:30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Forhours

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Hy Sclerosis & Senility

(duration) 2 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Jas Clayton, M. D.

19 (Address) 1432 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Harmony Cemetery Washington D. C.

DATE OF BURIAL Jan 19 1935

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

D. B. 1268-9

F 08722

08722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals 46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., 16 Ward)

gth of residence in city or town where death occurred ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Herbert Bellman Sellman

(a) Residence: No. 1915 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Bellman Sellman

ATE OF BIRTH (month, day, year) Dec 17, 1889

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	0	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. automobile

8. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

IRTHPLACE (city or town) (State or country) Baltimore Md.

3. NAME Jacob Sullivan Sellman

4. BIRTHPLACE (city or town) (State or country) Md.

5. MAIDEN NAME Sarah Solomon

6. BIRTHPLACE (city or town) (State or country) N. Y. City

NFORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Jan 19, 1935

NDERTAKER Thomas E. Nelson
(Address) 303 Brentanno st

ILED , 19 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15, 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 34 to Jan 15, 35

I last saw him alive on Jan 15, 35 Death is said to have occurred on the date stated above, at 10:50 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar
Hepatic Rupture.

Date of onset unknown

Other contributory causes of importance:

Broncho pneumonia 1/13/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel H. Garnett Jr. M.D.

(Address) Balto City Hospitals

D. P. 1268-9

F 08723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joan Goscinski

(a) Residence: No. 211 S Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-11-33

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	14 2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Carl Freeman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Josephine Goscinski

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 21, 1935

19. UNDERTAKER John M Weber
(Address) 1401 S. Chester St

20. 1935 Huntington Ave Filed JAN 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935, to Jan 18, 1935
I last saw her alive on Jan 18, 1935 Death is said to have occurred on the date stated above, at 430 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Hyperpyrexia post Tonsilectomy	Jan 8
Other contributory causes of importance:	
b Bronchopneumonia	Jan 16

Name of operation Tonsilectomy Date of Jan 12

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm. C. Fuller Jr. M. D.

(Address) Johns Hopkins Hospital

D. P. 1268-9

F 08724

HEALTH DEPARTMENT—CITY OF BALTIMORE

8724

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Bella J. Hamilton

(a) Residence: No. 508 S. Mayo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Maryland

10. NAME —

11. BIRTHPLACE (city or town) (State or country)

12. MAIDEN NAME —

13. BIRTHPLACE (city or town) (State or country)

14. INFORMANT Mrs Lottie Winder
(Address) 1116 Druid Hill Ave

15. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Auburn Cem Date 1-21 1935

16. UNDERTAKER Frances A. Hemsley
(Address) 528 W Fayette St

17. DATE RECEIVED 1935 Huntington Williams Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18- 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10- 1935 to 1-18- 1935.

I last saw h alive on 1-18- 1935. Death is said to have occurred on the date stated above, at 8:53 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt. Lobar Pneumonia with Consolidation — Base	1-3-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Sat Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jno L. Cooley M. D.
(Address) Provident Hosp

C. D. P. 1268-9

F 08725

08725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Bolton St., 14 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Stevens Knapp.

(a) Residence: No. 1811 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Knapp.

DATE OF BIRTH (month, day, year): July 13.1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: William H. Stevens,

14. BIRTHPLACE (city or town) (State or country): Easton Md.

15. MAIDEN NAME OF MOTHER: Elizabeth Pouder,

16. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

INFORMANT: Miss Annie E. Stevens

(Address): 1811 Bolton St.

BURIAL, CREMATION, OR REMOVAL: JAN 21 1935

Place: Druid Ridge Date: 19

UNDERTAKER: Geo W. Sittle

(Address): 2700 Edmondson Ave

BY: Huntington Williams Agent

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JAN 18 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 25 to Dec 24 34

I last saw h alive on Dec 24 1934 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W J Love M. D.

(Address) 2211 Eutaw Place

Co. 5-31 250B

08726 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 08726

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Sterling St., 10 Ward)

(a) Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Henry Smith

(a) Residence: No. 727 Sterling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Smith

7. DATE OF BIRTH (month, day, year) Mch 15-1895

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	10	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) S. C.

14. NAME John Smith

15. BIRTHPLACE (city or town) (State or country) S. C.

16. MAIDEN NAME Louisa Jones

17. BIRTHPLACE (city or town) (State or country) S. C.

18. INFORMANT Louisa Smith

(Address) 727 Sterling St

19. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 20, 1935

20. UNDERTAKER Wm P. Elliott & Son

(Address) 1129 Harlem Ave

FILED JAN 19 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan - 9, 1935, to Jan - 17, 1935

I last saw h... alive on June 16, 1935 death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal —	
Acute Bronchial Pneumonia	3 days

Other contributory causes of importance:

Chronic Endocarditis & Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Francken, M. D.

(Address) 1422 W Lee St

D. B. 1268-9

F 08727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2010 Fleet St St., 2 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walenty Tchmiowski

(a) Residence: No. 2010 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Tchmiowski

DATE OF BIRTH (month, day, year) - 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66		—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor Ret.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland.

NAME Bernard Tchmiowski

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Tekla Polek

BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT M. Tchmiowski

(Address) 2010 Fleet St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 21 1935

UNDERTAKER F. W. Ozarkiewicz

(Address) 1930 Eastern Ave & Huntington Ave

Jan 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1934 to Jan 16, 1935

I last saw him alive on Jan 16 1935 Death is said to have occurred on the date stated above, at 6 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Dis- Uremia	Nov 11 1934
Other contributory causes of importance: Bronchitis Sub Acute - (Grip) Pneumonia	Jan 10 1935

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

Signed) Frank C Bowers, M. D.

(Address) 125 S. Bond -

F 1268-9

728

8728

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08728

CERTIFICATE OF DEATH

161-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St Joseph's Hospital 9 Ward)

h of residence in city or town where death occurred Lefse ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

ULL NAME Baby Shanahan

a) Residence: No. 1102 Montpelier st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) 1-18-35

Years	Months	Days	If LESS than 1 day 9 hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Balto, Md
(State or country)

NAME John Francis Shanahan

BIRTHPLACE (city or town) Balto Md
(State or country)

MAIDEN NAME Catherine J Shanahan

BIRTHPLACE (city or town) Balto Md
(State or country)

FORMANT John Francis Shanahan

Address 1102 Montpelier st

RIAL, CREMATION, OR REMOVAL

Place Joseph Cemetery Date 1/19/35

Frs Green Baltimore

DERTAKER

Address

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18/35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Collapse of lung due to aspiration during birth	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

2-29-28—L. F. S.—500 Bks.

08729
08729

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08729

131

CERTIFICATE OF DEATH

REGISTERED NO.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 921 Appleton ST., 16 WARD)

2. FULL NAME Emma Schooley Johnson

3. (a) RESIDENCE NO. 921 N. Appleton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

(b) Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	W. dowed

6 If married, widowed, or divorced
WIFE of (or) HUSBAND of Robert Griffin Johnson

7 DATE OF BIRTH (month, day, and year) June 12 1866

8 Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	6	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) Loudon Co. Va
(State or country)

11 NAME OF FATHER Wm Hoff Schooley

12 BIRTHPLACE OF FATHER (city or town) Va
(State or country)

13 MAIDEN NAME OF MOTHER Hannah Stocks

14 BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant Miss Effie S. Schooley

(Address) 921 N. Appleton St

Filed JUN 19 1935, 19

Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 35

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1931, to Jan. 18, 1935

that I last saw her alive on Jan. 11, 1935

and that death occurred, on the date stated above, at 4:00 A.M. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Hypertension

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys. & Laboratory Tests

(Signed) Bartus T. Baggett M. D.

19 (Address) 2229 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Friend's Cemetery — DATE OF BURIAL Jun 20 1935

20 UNDERTAKER Wm J. Tucker & Sons — ADDRESS North & Lanvale

D. P. 1268-9

F 08730

HEALTH DEPARTMENT—CITY OF BALTIMORE

08730

CERTIFICATE OF DEATH

✓ 161-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Mercy Hospital St., 9 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Boy Rhein

(a) Residence: No. Rhein Hoyt St. 508 E 36th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 1 | 18 | 35

GE Years	Months	Days	If LESS than 1 day, hrs. or 5 min.
5 min			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Baltimore, Md.
(State or country)

9. NAME Geo. M. Rhein

10. BIRTHPLACE (city or town)
(State or country)

11. MAIDEN NAME Marion Clark

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. Date Jan. 19 1935

NDERTAKER Henry Hough Sons, Inc.
(Address) 1241 E Eager St.

Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/18 1935 to 1/18 1935

I last saw him alive on 1/18 1935 Death is said to have occurred on the date stated above, at 5:47 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
	1-18-35
	Birth

Other contributory causes of importance:

Cyanosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leon S. Bayley M. D.

(Address) Mercy Hospital

1-30—M. & T.—250 Blks.

(Welling)

F 08731

8731

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-W

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 441 S. Stricker ST., 19 WARD)

FULL NAME Elizabeth L Welling

RESIDENCE NO. 441 S. Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence is city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
White	Single

rried, widowed, or divorced
SBAND of
) WIFE of

OF BIRTH (month, day, and year) Sept 29 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	19	

PATION OF DECEASED

Trade, profession or cular kind of work None

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

HPLACE (City or t or country) Maryland

AME OF FATHER Charles Welling

RTHPLACE OF FATHER (City or town) (State or country) Md

AIDEN NAME OF MOTHER Bessie Dorsey

RTHPLACE OF MOTHER (City or town) (State or country) Md

Charles Welling

441 S. Stricker St

935 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 18, 1935

17 I HEREBY CERTIFY, That I attended deceased from January 14, 1935 to January 18, 1935

that I last saw h alive on Jan. 18, 1935

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2-3 ds.

Malnutrition

CONTRIBUTORY (Secondary) (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam.

(Signed) Theodore E. Stacy, M. D.

, 19 (Address) 401 N Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral Cem.	1/21/35

20 UNDERTAKER Geo. A. Tuley ADDRESS Talbot Sq.

O. B. 1268-9

F 08732

8732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 21 W. 27th St. 17 Ward)

gth of residence in city or town where death occurred 60 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME MARGARET E. DEAN

(a) Residence: No. 21 W. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widow

If married, widowed, or divorced
HUSBAND of: Henry C. Dean
(or) WIFE of

ATE OF BIRTH (month, day, year) Mar. 20, 1856

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
8		9	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Md.

NAME Ignatius Hagan

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Mary McMahon

BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT Miss Ruth Dean
(Address) 21 W. 27th Street

URIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Jan 21 1935

NDERTAKER Chas E. Wales & Son
(Address) 118 W. Mt Royal Ave

1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1920. to Jan. 18 1935

I last saw her alive on Jan. 17 1935 Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance: Cerebral hemorrhages	Jan 16 1935

Name of operation None Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Settle M. D.

1.15.35 (Address) 2435 Maryland Ave

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98733

3733

CERTIFICATE OF DEATH

93-C

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Foot of Wolfe St. St., 5 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Edward Lawson

(a) Residence: No. 1239 Mc Elderry St., Ward.
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Emma Lawson

DATE OF BIRTH (month, day, year) March 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Booth Packing Co

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Halifax Co Va

NAME OF FATHER John Lawson

BIRTHPLACE (city or town) (State or country) Halifax Co Va

MAIDEN NAME OF MOTHER Edie Wade

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Wm Lawson (Bro.)

(Address) 1425 Madison Ave

BURIAL, CREMATION, OR REMOVAL Date Jan 20 1935

Place Mt Auburn Cem

UNDERTAKER Robert F. Williams

(Address) 1515 Mc Elderry St

FILED JAN 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial degeneration (Fibrosis)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. O. Hargrove M.D. M. D.
Coroner

(Address) 305 N. Patterson Park Ave

D. B. 1268-9 F 08734 F 08734

HEALTH DEPARTMENT—CITY OF BALTIMORE 93d

CERTIFICATE OF DEATH V 34J F 08734

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 3 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Mason.

(a) Residence: No. 205 S. Dallas. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Mason

7. DATE OF BIRTH (month, day, year) 6/10/1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 61

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME OF FATHER Willis Mason

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER Fanning ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records BCH
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 1/21 1935

19. UNDERTAKER Edward Poulson
(Address) 230 E Monument Blvd

FILED JAN 20 1935 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/17/35

22. I HEREBY CERTIFY, That I attended deceased from 12/5 1931 to 1/17 1935

I last saw him alive on 1/17 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Congestive failure	2yrs
Hypertension	?
Arteriosclerosis	

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

F 1268-9 F 08735 F 08735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Leslie St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles H. Johnson

(a) Residence: No. 1543 Leslie St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1905-

Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

NAME OF FATHER Albert Johnson

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Walter Smith

(Address) 1543 Leslie

BURIAL, CREMATION, OR REMOVAL Place West Moreland Co Va Date Jan 19 1935

UNDERTAKER Elroy O Wilson

(Address) 1000 Guilford Ave

FILED Jan 19 1935 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th 35

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Gelsick M. D.
Coroner

(Address) Coroner

D. B. 126 F 08736

F 08736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 E Monument St., 5th Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Turner

(a) Residence: No. 1315 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ellen Turner

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Sarah Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Ellen Turner
(Address) 1246 McElderry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 1/20, 1935

19. UNDERTAKER Payne Sanders
(Address) 1412 E. Preston St

20. FILED JAN 20 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to Jan 17, 1935

last saw h[illegible] alive on Jan 17, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	[illegible]

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) J. Edward Fisher

(Address) 1612 E Monument St.

D. B. F 08737

F 08737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 Parkwood Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 mos. ds. How long in U. S. If of foreign birth? 45 mos. ds.

FULL NAME Samuel Libsitz

(a) Residence: No. 2835 Parkwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 9-14-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Simon Libsitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Reba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Libsitz

(Address) 2835 Parkwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 1-20-35 19

19. UNDERTAKER Geo Lewis Jos

(Address) 1439 E Baltimore St

20. 1935 [illegible] Baltimore, Md.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to Jan. 18, 1935.

I last saw h alive on 1/18/ 1935 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tbc	yrs

Other contributory causes of importance:

Hemorrhage

Name of operation — Date of —

What test confirmed diagnosis? Bacilli in Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Samuel Morrison M. D.

(Address) 2010 Bryant Ave (Home)

1013 N. Charles St (Office)

F 08738

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08738

CERTIFICATE OF DEATH

✓ 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 and Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Sylvan Bloom

(a) Residence: No. 1614 N. Pentalow St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	✓

If married, widowed, or divorced
WIFE of HUSBAND of ✓

DATE OF BIRTH (month, day, year) 7-27-1931

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	6	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME OF FATHER Hyman Bloom

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME OF MOTHER Dora Wale

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hyman Bloom

(Address) 1614 N. Pentalow St

BURIAL, CREMATION, OR REMOVAL

Place Ner Rinale Date 1/20/35 19

UNDERTAKER Jack Louis Fine

(Address) 1439 E. Baltimore St

FILED 1935 ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1935 to Jan 19 1935

I last saw h/ alive on Jan 19 1935 Death is said to have occurred on the date stated above, at 9:15 A. m.

The principal cause of death and related causes of importance were as follows:

Peritonitis caused by ruptured appendix — Date of onset .....

Other contributory causes of importance: .....

Name of operation appendectomy & drainage Date of Jan 17, 35

What test confirmed diagnosis? Operation Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. Cohen M. D.

(Address) Sinai Hospital

F 08739 F 08739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 601 Washington Blvd Ward)

th of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 11 yrs. mos. ds.

FULL NAME Isadore Luckhovitz Lichovitz

(a) Residence: No. 601 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

N	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

ATE OF BIRTH (month, day, year) 1889

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Men's Clothing

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

NAME Mayer Luckovitz

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Esther

BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Fanny Luckovitz
(Address)

URIAL, CREMATION, OR REMOVAL
ington Rel Cem Date 1/20/35

NDERTAKER Levin Bros
(Address) 1439 E. Baltimore

20 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct (1934 to Jan 18 1935

I last saw h alive on 1/18 1935 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	1/18/35

Other contributory causes of importance:

Acute Coronary Thrombosis	Oct 1934

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

31. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. C. Feldman M. D.

(Address) 1920 E Baltimore St

B 1268-9

F 08740

F 08740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: W. Balto Hosp St., 15 Ward)

th of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME Abraham Meyers

(a) Residence: No. 2351 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced, HUSBAND of (or) WIFE of: Lena

E OF BIRTH (month, day, year): 1869

Years	Months	Days	If LESS than 1 day, hrs. or min.
66 65			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coat

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country): Russia

NAME: Moses Meyer

BIRTHPLACE (city or town) (State or country): Russia

MAIDEN NAME: Mary

BIRTHPLACE (city or town) (State or country): Russia

NORMANT (Address): Hosp Record

AL, CREMATION, OR REMOVAL: Date 1/20/35, 19

DERTAKER (Address): Herring Run Funeral Home 1432 E. Biddle St

ED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
4 Days	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Luck M. D.

(Address) Coroner

F-08741

F-08741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-0

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Raley

(a) Residence: No. 1819 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth Raley

DATE OF BIRTH (month, day, year) Oct 19 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Annapolis Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) M

15. MAIDEN NAME M

16. BIRTHPLACE (city or town) (State or country) M

17. INFORMANT Ruth Raley

(Address) 1819 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 22 1934

19. UNDERTAKER Robt S Poole

(Address) 2702 Edmondson Ave

FILED JAN 23 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19-34

22. I HEREBY CERTIFY, That I attended deceased from 1-3-34 to 1-19-34

I last saw him alive on 1-19-34 Death is said to have occurred on the date stated above, at 4:00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	

Other contributory causes of importance: Streptococcus Septicemia

Name of operation Gastro-enterostomy Date of 1-12-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Harley T. Dooley, M. D.

(Address) 1819 Gun. Hosp.

F 08742

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08742

CERTIFICATE OF DEATH

53-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 N. Payson St., 15 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

FULL NAME Christian Heller,

(a) Residence: No. 2027 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna L. Heller,

DATE OF BIRTH (month, day, year) May 29. 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Wittenberg
(State or country) Germany

13. NAME Jacob Heller,

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Barbara Hauser,

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mrs Anna L. Heller
(Address) 2027 N. Payson St.

BURIAL, CREMATION, OR REMOVAL JAN 22 1935
Place Loudon Park Date 19

UNDERTAKER Geo W Sittler
(Address) 2700 Edmondson Ave

FILED 19 Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934 to Jan 19, 1935

I last saw him alive on Jan 17, 1935 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Kehnamp M. D.

(Address) 1716 E. Pratt St

B 1268-9

F 08743

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08743

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Walker & Sherwood Ave, Fellowship 70 Ward)

h of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Gottlieb W. Heuschele

(a) Residence: No. 2408 Wilkins Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widower

married, widowed, or divorced USBAND of (or) WIFE of Wilhemina Heuschele

TE OF BIRTH (month, day, year) Nov 12/1862

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	2	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

Date deceased last worked at this occupation (month and year) Jan 1935 | 11. Total time (years) spent in this occupation 40

RTHPLACE (city or town) (State or country) Germany

NAME ??? Heuschele

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Frederick Heuschele

Address) 2408 Wilkins Ave

RIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 21st 1935

DERTAKER Wm Cook

Address) 1217 St Paul St

ED 1935 Huntington Ave Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ?? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure & Alcoholism	

Other contributory causes of importance:

Name of operation Inquiry Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ...

E 08744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 08744

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 1704 Ellamont St., 15 Ward)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

ULL NAME Clara V. Jones

a) Residence: No. 1704 Ellamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widowed

married, widowed, or divorced) HUSBAND of (or) WIFE of Wm H. Jones

E OF BIRTH month, day, year Jan 5-1857

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sey

Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation ...

THPLACE (city or town) (State or country) Balto

NAME Wm Addison

BIRTHPLACE (city or town) (State or country) Balto

MAIDEN NAME Mckeon

BIRTHPLACE (city or town) (State or country) Balto

OHMANT (Address) Wm H. Jones 1704 Ellamont

RIAL, CREMATION, OR REMOVAL

lace Mt Olivet Date Jan 22nd 1935

DERTAKER (Address) Wm Cook 1217 St Paul St

ED ... 19 ... Register No. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19th 35

22. I HEREBY CERTIFY That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation Regular Date of No

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Link M. D.
Coroner

(Address) Coroner

B. 1268-9

F 08745

08745 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2502 Fait Ave. St. 1 Ward)

th of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary A. Hamburg

(a) Residence: No. 2502 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
~~male~~	White	Married

~~married, widowed or divorced~~ (or) ~~HUSBAND~~ WIFE of Lewis Hamburg

TE OF BIRTH (month, day, year) Mar 14th 1863

E Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) ✓ | 11. Total time (years) spent in this occupation ✓

RTHPLACE (city or town) (State or country) Hanticoke Md

NAME John W. Essex

BIRTHPLACE (city or town) (State or country) Hanticoke Md

MAIDEN NAME Mary Palmer

BIRTHPLACE (city or town) (State or country) Hanticoke Md

FORMANT (Address) Sarah Mac Auley 2502 Fait Ave

RIAL, CREMATION, OR REMOVAL Place Moreland Park Date Jan 21st 1935

DERTAKER (Address) Wm Cook 1217 St Paul St

LED ..... 19.... Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Last Jan 1 1933 to Jan 17 1935

I last saw h.. alive on Jan 16 1935 Death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (rectum) ascending colon	from Jan 1 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wright, M. D.

(Address) 1010 S. Ellwood Ave.

F 08746

F 08746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary E. Ungland

(a) Residence: No. 1215 East Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

married, widowed, or divorced
(or) WIFE of Benjamin F. Ungland

TE OF BIRTH (month, day, year) September 6, 1883

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	51	4	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) May 35

11. Total time (years) spent in this occupation 30

RTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Samuel R. Wilcox

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Anna Coleman

BIRTHPLACE (city or town) (State or country) Balto Md

FORMANT B. F. Ungland

(Address) 1215 E. Lanvale St.

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 22nd 1935

NDERTAKER Wm Cook

(Address) 1217 St Paul St

LED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1935, to January 19, 1935.

I last saw her alive on January 19, 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	1-13-35
2. Rheumatic heart disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. H. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 08747

✓ F 08747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. Ward) 27

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 20 yrs. ... mos. ... ds.

FULL NAME Aron Michelson

(a) Residence: No. Lemdale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Bella

DATE OF BIRTH (month, day, year) 1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	—		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rag sorter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME Unk Russia

11. BIRTHPLACE (city or town) (State or country) Russia

12. MAIDEN NAME

13. BIRTHPLACE (city or town) (State or country)

14. INFORMANT Sigmund Feinblatt
(Address) Lemdale,

15. BURIAL, CREMATION, OR REMOVAL
Place New Rosedale Date Jan 20, 1935

16. UNDERTAKER Jos L Whitmore & Bro
(Address) 1127 E Balto St

(Filed) Jan 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1930, to 1-19, 1935

I last saw him alive on 1-18, 1935. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	
Chr. myocardiitis	
Arteriosclerosis	

Other contributory causes of importance:

Chr. Bronchitis

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Edmund Levin, M. D.

(Address) Lemdale

F 08748 ✓ F 08748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27 Ward)

Length of residence in city or town where death occurred over 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rachel Cohen

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Israel

7. DATE OF BIRTH (month, day, year) 1855

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Russia

14. NAME Wolf Newman

15. BIRTHPLACE (city or town) (State or country) Russia

16. MAIDEN NAME Rachel Reshkin

17. BIRTHPLACE (city or town) (State or country) Russia

18. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

19. BURIAL, CREMATION, OR REMOVAL Southern ave Date Jan 20 1935

20. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-18 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-8 1931 to 1-18 1935

I last saw her alive on 1-18 1935 Death is said to have occurred on the date stated above, at 10.3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. card. valvular disease	
Arterio sclerosis	

Other contributory causes of importance:

Ch. Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Edmund Chew, M. D.

(Address) Levindale

08749 F 08749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34d

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Hopkins Hospital St., 3 Ward)

th of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Saunders

(a) Residence: No. 30 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	black	married

married, widowed, or divorced
HUSBAND of
or) WIFE of Georgia

TE OF BIRTH (month, day, year) 1891

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44 43			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Porto Rico, W.I.

NAME Lawrence Saunders

BIRTHPLACE (city or town) (State or country) West Indies

MAIDEN NAME Eppie ???

BIRTHPLACE (city or town) (State or country) "

FORMANT Georgia Saunders

(Address) 30 S. Bond St

RIAL, CREMATION, OR REMOVAL

Place Osbury Cem Date 1-21- 1935

NDERTAKER Bates & Mamie W. Wright

(Address) 518 E. Eldern St

LED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	
Other contributory causes of importance:	
Syphillis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Partial autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner. M. D.

(Address) [illegible]

D. P. F. F 08750

F 08750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3823 Hickory Ave St., 13 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George P. Howard.

(a) Residence: No. 3823 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia A. Howard.

6. DATE OF BIRTH (month, day, year) June 24, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clifton Park.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER John Howard.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER Irene Grimes.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lydia A Howard.

(Address) 3823 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 22, 1935

19. UNDERTAKER Chunowith & Son.

(Address) 3615-17 Chestnut Ave

FILED JAN 20 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1933 19 to Jan 19, 1935

I last saw him alive on Jan 17, 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1/2/35
Hemorrhage,	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) 2020 N. Charles.

F 08751 ✓ F 08751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Halcyon Ave. 7-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Wesley Kelly

(a) Residence: No. 2403 Halcyon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

If married, widowed, or divorced HUSBAND of (or) WIFE of Anne M. Kelly.

DATE OF BIRTH (month, day, year) April 5, 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Caretaker of Lake Clifton

8. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

9. NAME Unknown

11. BIRTHPLACE (city or town) (State or country) Unknown

12. MAIDEN NAME Louise Shaw

13. BIRTHPLACE (city or town) (State or country) md

INFORMANT Millard F. Robinson

(Address) 2403 Halcyon Ave

BURIAL, CREMATION, OR REMOVAL Parkwood Date Jan 21, 1935

UNDERTAKER Chenoweth & Son.

(Address) 3615-17 Chestnut Ave.

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935 to Jan 18, 1935

I last saw him alive on Jan 17 1935 Death is said to have occurred on the date stated above, at 1:15 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clara Brunk M. D.

(Address) 4206 Harford Road

F 08752 ✓ F 08752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3021 Gwynns Falls Parkway 15 Ward)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rosina Johnston Norris

(a) Residence: No. 3021 Gwynns Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Arthur N. Norris

DATE OF BIRTH (month, day, year) Dec. 27. 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	0	22 21	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frances Arnold

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Anne Mitchell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mabel G. Norris

(Address) 3021 Gwynnsfalls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jany 21. 35

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. JAN 1935 19 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1935 to Jan 18, 1935

Last saw h[illegible] alive on Jan 17, 1935. Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	1930
Other contributory causes of importance: Cerebral Hemorrhage	7 Hrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. G. Jones, M. D.

(Address) 720 W. North Ave.

F 08753

F 08753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

PLACE OF DEATH St. Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Wilkens & Caton Aves. Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr Edwin C. Thompson

(a) Residence: No. 5207 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~ or Divorced (write the word)
M	W	Married

f married, widowed, or divorced HUSBAND of (or) WIFE of Marie Suelser

ATE OF BIRTH (month, day, year) Apr 17, 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Autos

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland

. NAME Thomas E. Thompson

. BIRTHPLACE (city or town) (State or country) Balto Md.

. MAIDEN NAME Mary A. White

. BIRTHPLACE (city or town) (State or country) Balto Md.

FORMANT Beulah J. House

2219 Edgewood ave

RIAL, CREMATION, OR REMOVAL.

Place Druid Ridge Date Jan 21. 1935

NDERTAKER John E. Mitchell & Sons

(Address) 1900 Eutaw Place

LED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1935 to Jan. 19, 1935

I last saw him alive on Jan. 19, 1935. Death is said to have occurred on the date stated above, at 1:55 a.m.

The principal cause of death and related causes of importance were as follows:

Influenzal pneumonia 1-13-35 | Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Kemp. M. D.

(Address) St. Agnes Hosp.

F 08754 ✓ F 08754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Lyndhurst St., 16 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Katherine M. Konradi

(a) Residence: No. 705 Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Konradi

6. DATE OF BIRTH (month, day, year) Apr 5. 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Germany.

12. NAME OF FATHER John Jagg

13. BIRTHPLACE (city or town) (State or country) Germany.

14. MAIDEN NAME OF MOTHER ?

15. BIRTHPLACE (city or town) (State or country) Germany.

16. INFORMANT Marie Visch
(Address) 705 Lyndhurst St.

17. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan 21st 1935

18. UNDERTAKER Mrs. Mrs. John W. Daniel & Son
(Address) 501 W. Fayette St

19. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Jan 18, 1935

I last saw h[illegible] alive on Jan 1 1935. Death is said to have occurred on the date stated above, at 5.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	2 yrs
Senile arteriosclerosis - Influenza	2 days
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Henry Ohly Jr M. D.
(Address) 1200 W. Fayette St

6

F 08755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N Lakewood Ave St., 7 Ward)

Length of residence in city or town where death occurred yrs. mo. da. How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME Catherine D. Lewis

(a) Residence: No. 515 N Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jul 18 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper at home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ger.

1. NAME John Lewis

2. BIRTHPLACE (city or town) (State or country) Ireland

3. MAIDEN NAME don't know

9. BIRTHPLACE (city or town) (State or country) Ire.

INFORMANT Margaret G Bowns

(Address) 515 N. Lakewood Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/21 1935

UNDERTAKER J. Booth Norris

(Address) 3600 Baltimore

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/1/34 to 1/18/ 1935

I last saw her alive on 1/17/ 1935 Death is said to have occurred on the date stated above, at 2P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Intestines	8/1/34

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Eugene L. Cronyn M. D.

(Address) 514 Druid Park Lane

F 08756

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08756

CERTIFICATE OF DEATH

82-a

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1503 Hanover St. St., 23-7 Ward)

th of residence in city or town where death occurred 62 yrs. 8 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary E. Rose.

(a) Residence: No. 1503 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

... widowed, or WIFE of Alanzo E. Rose.

TE OF BIRTH (month, day, year) April 23, 1872

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md

NAME John L. Batchlor.

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Eliza Hines.

BIRTHPLACE (city or town) (State or country) Ireland.

FORMANT Sarah J. Meerdther.

Address) 1503 Hanover St.

RIAL, CREMATION, OR REMOVAL

Pla... Holy Cross (Harford Ave Date Jun 21, 1935

DERTAKER John F. Denny

Address) 715 LIGHT, St.

1935 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto H. Reinhardt, M. D. Coroner

1/19/35 (Address) 1017 E. Charles St.

D 1268-9

F 08757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08757

CERTIFICATE OF DEATH

93-9

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 806 N. Luzerne Ave. Ward) 7

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME Barbara Vinup

(a) Residence: No. 806 N. Luzerne Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

married, widowed, or divorced
USBAND of
) WIFE of John G. Vinup

E OF BIRTH (month, day, year) Mar 8 1870

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Baltimore Md.

NAME John Phillip Orell

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Annie Bresau

BIRTHPLACE (city or town) (State or country) Germany

ORMANT Rudolf Vinup

Address) 806 N. Luzerne Ave.

RIAL, CREMATION, OR REMOVAL

ace Baltimore Md. Date Jan. 21 1935

DERTAKER Mo. E. Miller & Son

Address) 2064 Jefferson St.

FD , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Falkenhan, M. D. Coroner

(Address) 508 E. Fayette St.

B 1268-1

08758

F 08758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 5124 Park Heights Av St., 27 Ward)

th of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Leosatos

(a) Residence: No. 4942 Dennison St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced) HUSBAND of (or) WIFE of Single

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Night Club

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Greece

NAME Peter Leosatos

BIRTHPLACE (city or town) (State or country) Greece

MAIDEN NAME Catherine Pappas

BIRTHPLACE (city or town) (State or country) Greece

FORMANT William Andreou

(Address) 3101 Gorsuch Av

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Jan 21, 1935

NDERTAKER Towell & Byers

(Address) 2824 Edmondson Ave

ED 1935 ... M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Inquiry 19... Death is said to have occurred on the date stated above, at ... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation of illuminating gas	Jan. 18, 1935
Other contributory causes of importance: Accident	

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, Jan 18, 1935

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In industry

Manner of injury Inhalation of gas.

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ...

(Signed) John L. Valentine M. D. Coroner

(Address) 716 Lower Broadway

F 08759

08759

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 W Pratt st St., 20-3 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Frederick S. Denker.

(a) Residence: No. 1914 W. Pratt St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 26-1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. House of

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME Herman Denker

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Anna Sarge

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Harry F Denker

(Address) 1914 W Pratt St.

BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 21 1935

UNDERTAKER George L. Schnyat.

(Address) 2101 Pennsylvania ave.

Jan 20 1935 Filed Jan 21 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	January 19, 35
Other contributory causes of importance:	
arter-Sclerosis	

Name of operation None Date of ..... 19.....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 St Paul Street

D. B. 1203-9

F 08760

F 08760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital, ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Richard Cumbo

(a) Residence: No. Cumberland, Md. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Lark

DATE OF BIRTH (month, day, year) Aug 23 1[illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1[illegible]	4	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Coal Driver

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Coal Co

8. Date deceased last worked at this occupation (month and year) — Jan 1935

11. Total time (years) spent in this occupation — 4

BIRTHPLACE (city or town) (State or country) — Cumberland Md

9. NAME — Joseph Cumbo

10. BIRTHPLACE (city or town) (State or country) — Austria

15. MAIDEN NAME — Mary Hunsworth

16. BIRTHPLACE (city or town) (State or country) — Cumberland Md

INFORMANT — Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md. Date Jan 20, 1935

UNDERTAKER — J. M. Lechner & Son

(Address) Md

FILED ... 19... ... Registrar

D 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17th 1935 to Jan. 20th 1935

I last saw him alive on Jan 20th 1935 Death is said to have occurred on the date stated above, at 6.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	1/16/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Daniel E. Boorad M. D.

(Address) Sydenham Hospital

F 08761

F 08761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 N. ROSE St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME MARGARET EVA NEUKAM

(a) Residence: No. 621 N. Rose St., 7th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
(or) WIFE of LAWRENCE NEUKAM

DATE OF BIRTH (month, day, year) 4/14/1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	9	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME MARTIN ANTESREITER

11. BIRTHPLACE (city or town) (State or country) GERMANY

12. MAIDEN NAME MAGDALENE BRONT

13. BIRTHPLACE (city or town) (State or country) GERMANY

INFORMANT Geo. M. Neukam

(Address) 2521 Mayfield Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 22 1935

UNDERTAKER Geo M. Fritzlen

(Address) 811 North Ave

FILED 1935 ... Wilmington Delaware

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to January 18 1935.

I last saw her alive on January 18 1935 Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo-myocarditis	Nov
	Known

Other contributory causes of importance:

Chronic Diffuse Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Frank J. Ayd M. D.

(Address) 2006 E. Monument St.

F 08762

F 08762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Cliftview Ave Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Martin J. Moran Jr.

(a) Residence: No. 1516 Cliftview Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Moran

DATE OF BIRTH (month, day, year) Dec 10-1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penitentiary
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto City
10. NAME Martin Moran Sr
11. BIRTHPLACE (city or town) (State or country) Ireland
12. MAIDEN NAME Margaret Kelly
13. BIRTHPLACE (city or town) (State or country) Ireland
14. INFORMANT Margaret Moran
(Address) 1516 Cliftview Ave

15. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1/21/35

16. UNDERTAKER Geo M. Fruit & Son
(Address) 811 N Howard St

17. FILED JAN 21 1935 Registrar for [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1935, to Jan 19, 1935
last saw h[illegible] alive on Jan 18, 1935 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elbert K. Simpson M. D.

(Address) 613 E. Baltimore St

Co. 5-11 250B

08763 HEALTH DEPARTMENT—CITY OF BALTIMORE # 08763

CERTIFICATE OF DEATH

92-W

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3640 Falls Road St., 12 Ward)

40

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ruth Naomi Parrish

a) Residence: No. 3640 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Moses Parrish

ATE OF BIRTH (month, day, year) June 1847

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	87	7		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
10. Total time (years) spent in this occupation

IRTHPLACE (city or town) Carroll County
(State or country)

1. NAME Reuben Poole

2. BIRTHPLACE (city or town) Carroll County
(State or country)

3. MAIDEN NAME Rachel Shipley

4. BIRTHPLACE (city or town) Carroll County
(State or country)

NFORMANT Miss Ella Parrish
(Address) 3640 Falls Road

URIAL, CREMATION, OR REMOVAL
Place [illegible] Hampden Date Jan. 21, 1935

NDERTAKER A. S. Marshall
(Address) 3539 Falls Road

FILED JAN 21 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1930, to June 19, 1935.

I last saw her alive on June 16, 1935. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	Not known

Other contributory causes of importance:

Aortic Regurgitation	Not known
Mitral Stenosis	

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) C. W. Diefenbacher, M. D.

(Address) 850 E. 36 St.

D. B. F 08764

F 08764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., 20 Ward)

gth of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME John L. Montgillion

(a) Residence: No. 2020 N. Saratoga St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	married

f married, widowed, or divorced HUSBAND of ~~deceased~~ Marie Holm Montgillion

ATE OF BIRTH (month, day, year) June 25, 1894

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 0040

9. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation unk.

IRTHPLACE (city or town) Elkridge, Md.
(State or country)

. NAME Charles E. Montgillion

. BIRTHPLACE (city or town) Balto., Md.
(State or country)

. MAIDEN NAME Wilhelmina ?

. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FORMANT U. S. Marine Hosnital Records
(Address) Baltimore, Maryland.

URIAL, CREMATION, OR REMOVAL

Place U. S. National Cem. Date Jan. 21st 1935

NDERTAKER Robert Burns & Son
(Address) Calhoun & Hollins Sts.

LED 19 Reg.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 19 1935

22. I HEREBY CERTIFY, That I attended deceased from January 15 1935 to January 19 1935

I last saw h. im alive on January 19 1935 Death is said to have occurred on the date stated above, at 6:30a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, bilateral — Date of onset 1-8-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lb.&Clw Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. T. Ceder, M. D.

(Address) U. S. Marine Hospital, Balto Md

F 08765

F 08765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

j 53-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2015 Wheeler ave St., 15 Ward)

th of residence in city or town where death occurred 4 yrs 5 mos. ds. How long in U. S. If of foreign birth 4 yrs. mos. ds.

FULL NAME Minnie Gonsberg

(a) Residence: No. 2015 Wheeler St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Marcus Gonsberg

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	53			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME Sussie Susan

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Nara

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Marcus Gonsberg

(Address) 2015 Wheeler ave

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 1-21-35

NDERTAKER Jack Davis Jr

Address 1439 E. Baltimore St

21 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-35 19

22. I HEREBY CERTIFY, That I attended deceased from 12/15 19 35 to 1/20/35 19

I last saw h alive on 1/20 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy with Myocarditis	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2020 Eutaw Pl

B 1268-5 F 08766

F 08766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hospital St. 3 Ward)

th of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Minnie Klotzman

(a) Residence: No. 1427 East Gait St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Married

married, widowed, or divorced HUSBAND of WIFE of Jacob

E OF BIRTH (month, day, year) 1901

Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME Alfred Falk

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Sarah

BIRTHPLACE (city or town) (State or country) Russia

ORMANT Jacob Klotzman

Address 1427 E. Pratt St

RIAL, CREMATION, OR REMOVAL Mash Rd 1/21/36

Place Date 19

DERTAKER Jacob Louis Lee

Address 1439 E. Baltimore St

ED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935 to Jan 20, 1936

I last saw her alive on Jan 20, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Septicemia - Streptococcus	
Empyema left " I	
Lobar pneumonia " I	

Other contributory causes of importance:

Acute endocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William C. Kalyoide M. D.

(Address) Sinai Hosp.

F 08767

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08767

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
Y OF BALTIMORE (Ward) Provident Hosp St., 14 Ward)

h of residence in city or town where death occurred Sick yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

ULL NAME Marion Hawkins

(a) Residence: No. 512 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced
USBAND of Wm Hawkins
r) WIFE of

E OF BIRTH (month, day, year) Aug 15 1894

Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work .0070

Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

NAME Lenial Dorsey

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Mahoney

BIRTHPLACE (city or town) (State or country) Md

ORMANT (Address) Wm Hawkins 512 Baker St

RIAL, CREMATION, OR REMOVAL Laurel cemetery Date Jan 21 19 35

DERTAKER (Address) Thos E. Kelson 1303 Presstman St

ED Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 6 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on January 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Elvik Coroner M. D.

(Address)

F 08768

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08768

XV 107-a

CERTIFICATE OF DEATH

PLACE OF DEATH Union Memorial Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 17 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME David Pesiford Jewett

(a) Residence: No. Ridgewood, N.J. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of: single

DATE OF BIRTH (month, day, year): August 27, 1931

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
3	4	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

BIRTHPLACE (city or town) (State or country): Baltimore Md.

NAME OF FATHER: Royal F. Jewett

BIRTHPLACE (city or town) (State or country): New York

MAIDEN NAME OF MOTHER: Elizabeth Stockdale

BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL: Laurel Cemetery Cockeysville Md. Date Jan 21 1935

UNDERTAKER: J. H. J. Tschudy & Son

(Address) Towson Md.

DATE RECEIVED: Jan 21 1935 Registrar: Thelma Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1935 to Jan 19, 1935

I last saw him alive on Jan 19, 1935 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	1-13-35
Other contributory causes of importance: Cardiac failure	1-15-35

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) Manes S. Heckt, M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

F 08769

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08769

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Maryland Gen. Hosp. 15 St., ... Ward)

TY OF BALTIMORE: (No. .....

gth of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME James M. Delevett

(a) Residence: No. 2800 Garrison Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White.	married.

If married, widowed, or divorced
HUSBAND of Mrs Mary Delevett
(or) WIFE of

ATE OF BIRTH (month, day, year) Aug 18 1877 7/18/93

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Doctor

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0054

8. Date deceased last worked at this occupation (month, day, year) Dec 1933

11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) Forest Hill
(State or country) Harford Co.

. NAME Mrs James Delevett

. BIRTHPLACE (city or town) Md.
(State or country)

. MAIDEN NAME Miss Jane Bull

. BIRTHPLACE (city or town) Md.
(State or country)

NFORMANT Mrs Mary Delevett
(Address) 2800 Garrison Blvd

URIAL, CREMATION, OR REMOVAL Date Jan. 21 1935
Place Druid Ridge Cem.

NDERTAKER Wm Pickrell Sons
(Address) 1008 Pennsylvania Ave

21 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/25/33 . 19 ..... to 1/18/35 . 19 .....

I last saw h... alive on 1/17/35 . 19 ..... Death is said to have occurred on the date stated above, at 1:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia.	1/7/35
Other contributory causes of importance: Cerebral arteriosclerosis	3/25/33

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. E. Poullon M. D.

(Address) 3704 Garrison Blvd

F 08770

F 08770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 164 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dick R. Parker. (Edith Robinson Parker)

(a) Residence: No. 1819 Pinkney St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 10/22/1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 44

BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

8. NAME Benjamin Robinson

BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

9. MAIDEN NAME Frances Cochran

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Bur. Salisbury Md. Date Jan 22 1935

UNDERTAKER L. A. Tilghman & Sons

(Address)

FILED Jan 22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/20/34, 19 to 1/19/35, 19

I last saw her alive on 1/19/35, 19 Death is said to have occurred on the date stated above, at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	6 mos.
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation Charles Stirling Date of 12/26/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond T. Mitchell M. D.

(Address) Mercy Hospital

F 08771

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08771

CERTIFICATE OF DEATH

Registered No. 167

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME C. Richard Friend

(a) Residence: No. 3600 Forest Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estelle Peppler Friend

7. DATE OF BIRTH (month, day, year) July 20th, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0045

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER C. Harry Friend

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Florence M. Keener

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Estelle Friend

(Address) 3600 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 21st 35

19. UNDERTAKER J. H. Fleckenstein & Sons

(Address) Baltimore Md.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18th, 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of head.	1/18/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 1/18, 1935

Where did injury occur? Baero - Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If no, specify

(Signed) Eugene Zeller, M. D. Coroner

(Address) 239 Eastern Ave.

F 08772

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08772

CERTIFICATE OF DEATH

82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N. Rose St., 6 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Raaby

(a) Residence: No. 419 N. Rose St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Raaby

6. DATE OF BIRTH (month, day, year) June 24/1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light House Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Raaby

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Wilhelmina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Raabe

(Address) 419 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ballo Sem Date 1/21/35 19

19. UNDERTAKER Philip Henry Sons

(Address) 2216 Eutaw St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1935 to Jan 17 1935

I last saw him alive on Jan 17 1935 Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chr. Arteriosclerosis 97 to 2 Chr. Arterial Hypertension	1934
(b) 93a' Other contributory causes of importance: Cerebral Apoplexy. 93c Pneumonia. Bronchial	Jan 3 35

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F. Geyer M. D.

(Address) 156 N. Milton Ave

F 08773

F 08773

9464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 348

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dempsey Brown

(a) Residence: No. 1426 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Willie

6. DATE OF BIRTH (month, day, year) 9/12/01

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Va

10. NAME Sam Brown

11. BIRTHPLACE (city or town) (State or country) Va

12. MAIDEN NAME Vinty Langford

13. BIRTHPLACE (city or town) (State or country) Va

14. INFORMANT Records

(Address)

15. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 1-29- 1935

16. UNDERTAKER Bryant Harris & Kirk

(Address) 1218 Mc & Elderry St

FILED ..... 19..... Registrar.

JAN 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1935 to Jan 18 1935

I last saw him alive on Jan 18 1935 Death is said to have occurred on the date stated above, at 2.26 P. m.

The principal cause of death and related causes of importance were as follows:

Aortic Aneurism & rupture — Date of onset Unknown

Other contributory causes of importance:

Acute Hemorrhage — Date of onset Jan. 13 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stanton McHardy M. D.

(Address) Johns Hopkins Hospital

F 08774

F 08774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

946 ✓ 108

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 1 Ward)

th of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thecla Short

(a) Residence: No. 722 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Short

6. DATE OF BIRTH (month, day, year) 10-15-73

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md

10. NAME OF FATHER John Nesex

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Secretary Md Date Jan 23 1935

UNDERTAKER Isaiah Stiles

(Address) 1600 W. North Ave

FILED JAN 21 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1935 to Jan 19 1935

I last saw her alive on Jan 19 1935 Death is said to have occurred on the date stated above, at 11 15 p m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, right + left upper lobes. — Date of onset 1-10-35

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Pennington Sieghman M. D.

(Address) Johns Hopkins Hospital

F 08775

F 08775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 E. Monument St., 7 Ward)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizebeth Kaplan

(a) Residence: No. 2440 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) Sept. 27, 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	3	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Joseph Kaplan

13. BIRTHPLACE (city or town) (State or country) Bohemia

14. MAIDEN NAME Frances Bole

15. BIRTHPLACE (city or town) (State or country) Baltimore

16. INFORMANT Joseph Kaplan

(Address) 2440 E. Monument St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan. 23 1935

UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 35 to Jan 20 35

I last saw her alive on Jan 20 35. Death is said to have occurred on the date stated above, at 6A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Epilepticus	
Other contributory causes of importance	
Broncho Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Krause M. D.

(Address) 1402 Linden Ave

B. 08776 F 08776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 23

PLACE OF DEATH Balto. City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 18 Ward)

th of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Harry Robert Reid Jr.

(a) Residence: No. 929 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Black	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

TE OF BIRTH (month, day, year) March 12, 1898

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	10	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

RTHPLACE (city or town) Virginia
(State or country)

NAME Harry Sr.

BIRTHPLACE (city or town) Virginia
(State or country)

MAIDEN NAME Mary McKinley

BIRTHPLACE (city or town) Virginia
(State or country)

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/21/35

NDERTAKER Isaac L Brown & Son

(Address) 108 W Montgomery St

D 1935 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) Jan. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1934 to Jan. 17 1935

I last saw him alive on Jan. 17 1935. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1933
Other contributory causes of importance:	

Name of operation ..... Date of None

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer M. Jacobson M. D.

(Address) Balto. City Hospitals

D. B. 1268-9 F 08777

F 08777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2833 N Calvert St., 12 Ward)

gth of residence in city or town where death occurred about 50 yrs. 0 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 82 9 27

FULL NAME Annie Ruskell Carter

(a) Residence: No. 2833 N Calvert St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X / wife	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Winfield S. Carter

ATE OF BIRTH (month, day, year) About Mar-23-1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about-82	9	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

Date deceased last worked at this occupation (month and year): 1902 — 11. Total time (years) spent in this occupation: none

IRTHPLACE (city or town) (State or country): Balto. Co. Maryland

NAME OF FATHER: John Ruskell

BIRTHPLACE (city or town) (State or country): Balto Co Maryland

MAIDEN NAME OF MOTHER: Eleanor Bowen

BIRTHPLACE (city or town) (State or country): Balto Co. Maryland

INFORMANT: Wilmer C Carter (son)

(Address): 2833 N Calvert St

RIAL, CREMATION, OR REMOVAL

Place: Balto Cemetery Date: Jan 21 1935

NDERTAKER: Bowers & Morris Co.

(Address): 108 W North Ave.

LED: Printing for Williams & Wilkins Co. Balto

21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to Jan 17, 1935.

I last saw her alive on Jan 17, 1935. Death is said to have occurred on the date stated above, at 1.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Coronary arteriosclerosis	years
Cerebral Embolism	

Other contributory causes of importance:

Hypertension

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Bowen, M. D.

(Address) 1517 N Broadway

F 08778

F 08778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

145-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3436 Piedmont ST. 15 WARD)

2 FULL NAME Augustus Quandt

(a) RESIDENCE NO. 3436 Piedmont ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 13 ds. How long in U. S., if of foreign birth? 75 yrs. 5 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of C. Camille Quandt

6 DATE OF BIRTH (month, day, and year) Aug 6 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	13	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Builder & Idlr

(c) Name of employer Retired Jan/1934

8 BIRTHPLACE (city or town) State or country) Baltimore Maryland

9 NAME OF FATHER John F. Quandt

10 BIRTHPLACE OF FATHER (city or town) Saxony

(State or country) Germany

11 MAIDEN NAME OF MOTHER Martha E. Ludwig

12 BIRTHPLACE OF MOTHER (City or town) Saxony

(State or country) Germany

Informant Mrs C. Camille Quandt (wife)

(Address) 3436 Piedmont Ave.

Filed Jan 20 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 14th 1935

17

I HEREBY CERTIFY, That I attended deceased from Jan. 18th 1935 to Jany. 14th 1935

that I last saw h im alive on Jany. 14th 1935

and that death occurred, on the date stated above, at 10:45 P m

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cancer of base of tongue (duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of X

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms & microscopic

(Signed) J. H. Hoffman M. D.

(Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery DATE OF BURIAL Jan 22/ 35

20 UNDERTAKER Stewart Mortuary Co ADDRESS 1080 Wash

F 08779

F 08779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2831 Montebello Terrace St. 27 Ward)

(If outside city limits, state whether in county or other State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary A Burger

(a) Residence: No. 2831 Montebello Terrace St., 27 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced WIFE of (or) HUSBAND of Frank J Burger

DATE OF BIRTH (month, day, year) July.9.1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME OF FATHER John Krieg

BIRTHPLACE (city or town) (State or country) ~~Germany~~ Germany

MAIDEN NAME OF MOTHER unknown

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT George Burger (son)

(Address) 2831 Montebello Terrace

BURIAL, CREMATION, OR REMOVAL

Place Polt redeemer Date Jan 22 1935

UNDERTAKER Tilly & Zeiler Inc.

(Address) 405 E. 25th St. Huntington Avenue, Md.

FILED 1935 Jan 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1935 to Jan 19 1935

I last saw her alive on Jan 17 1935. Death is said to have occurred on the date stated above, at 1:45 pm.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure (acute) — Date of onset

Other contributory causes of importance:

6 bronchopneumonia. x arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Krieg M. D.

(Address) 4 W Madison St

1/21/35

F 08780

F 08780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 15 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Jo. Johnson

(a) Residence: No. 1815 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced: (or) WIFE of Thomas Johnson

DATE OF BIRTH (month, day, year): Nov 15 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 20?

BIRTHPLACE (city or town) (State or country): Virginia

9. NAME OF FATHER: Elijah Stratter

10. BIRTHPLACE (city or town) (State or country): Va

11. MAIDEN NAME OF MOTHER: Mildred Dyer

12. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Thomas Johnson

(Address): same 1815 N Mount St

BURIAL, CREMATION, OR REMOVAL: Place: Ft Hartsuff Date: Jan 24 35

UNDERTAKER: Sigmund F. Chase Inc

(Address): 638 N. Gilmor

Filing Date: Jan 24 1935

Standing for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-18- 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-18- 1934 to 1-18- 1935

I last saw her alive on 1-18- 1935 Death is said to have occurred on the date stated above, at 3:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-18-34
Edema of lungs	1-18-35

Other contributory causes of importance:

Chr. Interstitial Nephritis
Diabetes Mellitus
Broncho Pneumonia

Name of operation: None Date of:

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno R. Coasey M. D.

(Address) Provident Hosp.

F 08781

F 08781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 22-V

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 708 Portland St., Ward)

Length of residence in city or town where death occurred 40 yrs. 2 mos. 20 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Henry. B Hof

(a) Residence: No. 708 Portland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Hof.

7. DATE OF BIRTH (month, day, year) Oct 31st 1894

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Store

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto m.d.

12. NAME John. H. Hof

13. BIRTHPLACE (city or town) (State or country) Balto md

14. MAIDEN NAME Margt Sinclair

15. BIRTHPLACE (city or town) (State or country) Balto md.

16. INFORMANT (Address) John. Hof 708 Portland St

17. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Jan 23. 1935

18. UNDERTAKER (Address) Barnard C Hazle 1000 S Paca St

FILED JAN 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12 45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zeller M. D.

(Address) 2739 Eastern Ave. County

F 08782

F 08782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-B

PLACE OF DEATH Church Home & Infirmary

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., 7 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr Christian Mayr

(a) Residence: No. 1803 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) Aug. 23, 1887

E Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore

NAME Gregory

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Pauline Priester

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Pauline Mayr
(Address) 1803 E Lombard St.

RIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 22. 1935

NDERTAKER Martin H. E. Dippel
(Address) 37 S. Ann St.

JAN 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934 to Jan. 19, 1935

I last saw him alive on Jan. 19, 1935 Death is said to have occurred on the date stated above, at 7:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	8 yrs. ago
Other contributory causes of importance: Myocardial insufficiency,	1/18/35

Name of operation Release of pleural adhesions Date of 1/18/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard T. Hauver M. D.

(Address) Church Home & Infirmary

B. 1768-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

008783 008783 131

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2415 Llewellyn St., 8 Ward)

th of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Zipperling

(a) Residence: No. 2415 Llewellyn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

married, widowed, or divorced
HUSBAND of (or) WIFE of Julius Zipperling

TE OF BIRTH (month, day, year) May 21 1851

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	8	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto

NAME John Schumaker

BIRTHPLACE (city or town) (State or country) Ger

MAIDEN NAME Dont Know

BIRTHPLACE (city or town) (State or country) Ger

FORMANT Mrs Dora Graham

(Address) 2415 Llewellyn Ave

RIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 21 1935

NDERTAKER John Ulrich

(Address) 2208 Nelson St

JAN 21 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-2- 1922 to 1-17 35

I last saw h alive on 1-17 35 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	6/1/22
Other contributory causes of importance: Myocardial degeneration	11/1/30

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) David Miller M. D.

(Address) 1501 N Edwin

ec—9-30—A. & Co.—250 Blks

784

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08784

CERTIFICATE OF DEATH.

82-a-143

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No. 157 N. Exeter ST. 5 WARD)

2 FULL NAME Domenica Carbone

(a) RESIDENCE NO. 157 N Exeter. ST. WARD 6

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? 11 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carmelo Carbone

6 DATE OF BIRTH (month, day, and year) 11-10-1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Joseph Bucca

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Carmela Carbone
(Address) 157 N. Exeter St.

Huntington Station, N.Y.

21 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-20-35

17

I HEREBY CERTIFY, That I attended deceased from June 16, 1934 to Jan 20th 1935

that I last saw her alive on , 19

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY Pregnancy
(Secondary)

(duration) yrs. 9 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Francis L. Bagli M. D.

, 19 (Address) 1117 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Redeemer Cemetery

DATE OF BURIAL 1-22-1935

20 UNDERTAKER Clark B. Kuchawska

ADDRESS 637 S. Paca St

D. B 1268-9

08785 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 08785

CERTIFICATE OF DEATH

N 23

PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., 19 Ward)

rth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alfred Roberts

(a) Residence: No. 1420 W. Franklin st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

TE OF BIRTH (month, day, year) July 5, 1908

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Robert Roberts

BIRTHPLACE (city or town)
(State or country) Unknown

MAIDEN NAME Edna Johnson

BIRTHPLACE (city or town)
(State or country) Unknown

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL
Place Date 1-21 19 35

NDERTAKER George D. A. Gibson
(Address) 1787 Edmondson Ave

1-21 1935 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1934 to January 17, 1935

I last saw him alive on January 17, 1935. Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculoma of Spinal Cord	Mar. 1934
Pulmonary Tuberculosis	unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W Jacobson M. D.
(Address) Baltimore City Hospitals

F 08786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 12 Ward) X

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Winston Turners Post Office

(a) Residence: No. Turners Station St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Aa	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Turners Station, Md
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Ada Winston
(Address) Same

BURIAL, CREMATION, OR REMOVAL
Place Mt Moriah Cemetery Date Jan 21st 1934

UNDERTAKER
(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-22-34 1933 to 1-16- 1934

I last saw her alive on 1-16- 1934. Death is said to have occurred on the date stated above, at 2.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature - 7 months	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there on autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1934

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Geo McDonald M. D.

(Address) Provident Hosp.

F 08787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. F 08787

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 731 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Brooks

(a) Residence: No. 1170 Olive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1/4/35

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~70~~			10 11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Jan 21 1935

UNDERTAKER
(Address)

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-15-35 19 to 1-15-35 19

I last saw him alive on 1-15-35 19 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, diffuse	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W L Fleming M. D.

(Address) University Hospital

1035 10496

F 08788

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08788

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH University Hospital

TY OF BALTIMORE: (No. ..... St., 11 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lelia Lape

(a) Residence: No. 325 Canal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3				

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Md

10. NAME

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date Jan 21st, 1935

UNDERTAKER
(Address)

FILED Jan 21st 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934, to Jan 16, 1935

I last saw her alive on Jan 16, 1935. Death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo Nephritis	
Uremia	1/10
Pelvic abscess	
Uterine Fibroid	

Other contributory causes of importance:

Name of operation Posterior Colpotomy Date of 1/10

What test confirmed diagnosis? Chem? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. L. Goodland, M. D.

(Address) University Hospital.

B 1[illegible] 08789

F 08789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Foot of President St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

FULL NAME William Patrick Garrett

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

K	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of ✓

TE OF BIRTH (month, day, year) Dec 6 - 1906

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	3	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. L. & R. R. Co.

Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 3

RTHPLACE (city or town) (State or country) Hastings Neb

NAME Thomas Judge Garrett

BIRTHPLACE (city or town) (State or country) Anniston, Ala.

MAIDEN NAME Marie Murphy

BIRTHPLACE (city or town) (State or country) Richmond Va

FORMANT Mrs. J. J. Garrett

(Address) 6 Christopher St New York City

RIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Jan 1 19 30

NDERTAKER Jno. J. Pickney & Sons

(Address) Fort & Eutaw

LED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1930

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable	
Accidental Drowned	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 1/2, 1930

Where did injury occur? President St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Fleagon M D Coroner, M. D.

(Address) 130 S Paca St

F 08790

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08790

46-B

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St. 24 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Woehlke

(a) Residence: No. 1017 Riverside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Woehlke.

6. DATE OF BIRTH (month, day, year) Feb 26, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	79	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. 071

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agent.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME of Father Dont know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Woehlke (Address) 1017 Riverside ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Jan 23 1935

19. UNDERTAKER C. Howard Evans (Address) 2014 Gold ave Huntington Avenue P.O.

FILED JAN 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1934, to Jan 20, 1935

I last saw h alive on 19. Death is said to have occurred on the date stated above, at 5:05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Arteriosclerotic Cardiovascular disease.	
Emphysema	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

Carrie Viola Dunn ✓ F 08791

D. B. 1368-9

3794 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 19 Ward)

Length of residence in city or town (where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Carrie Dunn

(a) Residence: No. 315 N. Bruce St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: Ad

5. Single, Married, Widowed, or Divorced (write the word): Baby

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 8, 1934

AGE: Years | Months: 8 | Days: 10 | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Collie Dunn

14. BIRTHPLACE (city or town) (State or country) Kingston N.C.

15. MAIDEN NAME Evelyn Smith

16. BIRTHPLACE (city or town) (State or country) Kinston N.C.

INFORMANT (Address) Evelyn Dunn Same

BURIAL, CREMATION, OR REMOVAL

Place Not Known Date Jan 21, 1935

UNDERTAKER (Address) Mrs Katie R. Williams 322 N Schroeder St.

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-16- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-8- , 1935, to 1-18- , 1935

I last saw her alive on 1-16- , 1935. Death is said to have occurred on the date stated above, at 10½ m.

The principal cause of death and related causes of importance were as follows:

Acute Gastro-enteritis — Date of onset 1-5-35

Hemorrhagic Diarrhea

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Lol Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. McDonald M. D.

(Address) Provident Hosp.

B 1268-9

✓ F 08792

8792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-M

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. City Hospital St., 4 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Unknown

FULL NAME Charles Carter

(a) Residence: No. 219 Jasper St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

1848

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
9	37			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Ofc

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Hampton Va
(State or country)

NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

FORMANT Elizabeth Parker
(Address) 219 Jasper St

RIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 21, 1935

NDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

LED ..... 19 ..... Registrar.

1935 6 K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:
Fractured Skull accidental

Name of operation ..... Date of ..... None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 1/10, 1935

Where did injury occur? Eden & Lexington Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by Trolley Car

Nature of injury Fract. Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Kerwin M.D. Coroner, M. D.

(Address) 305 N Patterson Pk

D. B. 1268-9

F 08793

793

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 W. Fayette St. St., 18 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Violet Richmond May

(a) Residence: No. 900 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

If married, widowed, or divorced (or) WIFE of Albert James May

DATE OF BIRTH (month, day, year) June 2, 1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Oct. 1928

11. Total time (years) spent in this occupation 5 yrs

BIRTHPLACE (city or town) (State or country) Durham North Carolina

13. NAME James Richmond

14. BIRTHPLACE (city or town) (State or country) Durham North Carolina

15. MAIDEN NAME Polly Mason

16. BIRTHPLACE (city or town) (State or country) Durham North Carolina

INFORMANT Mamie Richmond Johnson (sister)

(Address) 123 N. Carlton St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 23, 1935

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

Huntington Williams

1935

N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1935 to January 20, 1935.

I last saw her alive on January 19, 1935. Death is said to have occurred on the date stated above, at 1:30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
right lobar pneumonia	1.13.35
Other contributory causes of importance:	
La Grippe	12.20.34
Secondary Anemia	12.30.34

over

Name of operation None Date of

What test confirmed diagnosis Physical Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St.

F 1205-0

794

F 08794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 906 E. Pratt St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 4/ yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hyman Siegel

(a) Residence: No. 906 E Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced BE SHAND of (or) WIFE of Sarah

TE OF BIRTH (month, day, year) 1875

E Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. GOOD

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

. NAME Charles Siegel

. BIRTHPLACE (city or town) (State or country) Russia

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Russia

FORMANT Morris Siegel

(Address) 513 n. Fremont ave

URIAL, CREMATION, OR REMOVAL Southern ave Date Jan 21, 1935

NDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

Washington Hillsboro, Md.

JAN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934 to January 21st, 1935

last saw him alive on January 21st, 1935 Death is said to have occurred on the date stated above, at 5 1. m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart disease

Date of onset

Other contributory causes of importance:

acute dilatation of heart

none

Name of operation Clinical Autopsy Date

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Silverstein M. D.

(Address) 22 S. Broadway

D. F 1265-9

8795

F 08795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184

PLACE OF DEATH

TY OF BALTIMORE: (No. City Hospital No St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Frederick R Carrigan

(a) Residence: No. 3411 Dillon St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Aug 16 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	5	3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME William Carrigan

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME Caroline Trautline

15. BIRTHPLACE (city or town) (State or country) Balto Md

16. INFORMANT William Carrigan

(Address) 3411 Dillon St.

BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date Jan. 22, 1935

17. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

17. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9.30A m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Gunshot wound of Neck

accidental

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 1/19, 1935

Where did injury occur? 3313 O'Donnell St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Gunshot Wound of Neck

Nature of injury Perforation of Large Vessels

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. J. Kleinberg M.D. Coroner

(Address) 302 N Patterson Pk

1935 H

✓ F 08796

D. F. 1285-0

8796 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

117-A

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 3011 Elliott St. St., 1 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME H. Alexander Cress

(a) Residence: No. 3011 Elliott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX: Male	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosetta C. Cress

ATE OF BIRTH (month, day, year) Aug. 17 1893

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linotype Operator

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1163

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Cress

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Agnes Miller

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Agnes Cress

(Address) 3011 Elliott St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date Jan. 22 1935

UNDERTAKER George H. Zirkler

(Address) 1737 E. Eager St.

FILED 1935 [illegible] Foreman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1935 to Jan 18 1935

I last saw him alive on Jan 18 1935 Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Other contributory causes of importance: Gastric Hemorrhage	1/15/35

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Titlow M. D.

1/20/35 (Address) 3N. S. Highland Ave

F 08797

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08797

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 E. Ann Street St., 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Daniel J. Kozik

(a) Residence: No. 120 S. Ann St St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
WIFE of HUSBAND of
(or)

7. DATE OF BIRTH (month, day, year) August 14, 1934

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	6	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boy
11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Peter Kozik

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME OF MOTHER Mary Chmielewski

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mother
(Address) 120 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Jan 22, 1935

19. UNDERTAKER John McAleer
(Address) 401 S. Chester St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 35 to Jan 19, 35
I last saw him alive on Jan 19, 35. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Jan 7, 35
Lung Abs.	
Other contributory causes of importance:	
Cardiac Paralysis	Jan 19, 35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) William J. Rigney, M. D.

(Address) 708 E. Fayette St.

F 08798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Dallas St., 6 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Denby

(a) Residence: No. 112 N. Dallas St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col'd	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Denby

DATE OF BIRTH (month, day, year) Dec 15, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 62y	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home 40 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Harriet Todd

(Address) 112 N. Dallas St

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date Jan 24 1935

UNDERTAKER Wm. H. Sharpe & Sons

(Address) 1316 N. Charles St. Wm. Devine

FILED JAN 21 1935 19 R.K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10/ 1935 to Jan 20/ 1935

I last saw h.e alive on Jan 19/ 1935 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia — Date of onset Jan 13/35

Other contributory causes of importance:

La Grippe — Jan 1935

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard L. Evelyn Jr. M. D.

(Address) 1514 E. Baltimore Balto md

D. B. 1268-9

F 08799

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08799

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Maryland General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Weed

(a) Residence: No. Md. Gen. Hosp St., ... Ward. Edenton Rd
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-19-35

AGE Years	Months	Days	If LESS than 1 day 23 hrs. and 35 min.
		1-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Chester Glenn Weed

14. BIRTHPLACE (city or town) (State or country) Teshit, Kansas.

15. MAIDEN NAME Laura Adele Kisner

16. BIRTHPLACE (city or town) (State or country) Edenton, Md.

INFORMANT Hosp Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Nicholson Mem. Gdns Date Jan. 22 1935

UNDERTAKER Chas. W. Bill.
(Address) 3109 Brooklyn Ave.

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-19-35 19.. to 1-21-35 19..

I last saw him alive on 1-20-35 19.. Death is said to have occurred on the date stated above, at 1.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1-19-35
wgt 2 lb 10 oz.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Stuttz M. D.

(Address) Md. Gen. Hosp.

H. B. 1268-9

F 08800

8800 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 16 St., Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dominic Tiburzio

(a) Residence: No. 3402 Claremont St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

(If married, widowed, or divorced) WIFE of / HUSBAND of

DATE OF BIRTH (month, day, year) Aug. 8 1930

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	5	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Sabatino Tiburzio

R. BIRTHPLACE (city or town) (State or country) Italy

MAIDEN NAME Maria Vasti

BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Sabatino Tiburzio

(Address) 3402 Claremont St.

BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem Jan. 23 1935

Place Date 19

UNDERTAKER Frank Della Noce

(Address) 52 N Motley st.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1935, to January 20, 1935

I last saw him alive on January 20, 1935. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic Myocarditis	
2. Pleurisy	
3. Broncho-pneumonia	
4. Peritonitis	
Other contributory causes of importance:	

Name of operation Venesection Date of 1-16-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magruder M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

H. B. 1265-9

✓ F 08801

3801 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St. Agnes Hosp.

TY OF BALTIMORE: (No. Williams & Caton 25 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sister Athanasius Dooley

(a) Residence: No. St. Agnes Hosp. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) March 4, 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Charity

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0065

BIRTHPLACE (city or town) (State or country) Mass

13. NAME Williams Dooley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Rebecca Meehan

INFORMANT (Address) Mass

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 22, 1935

UNDERTAKER Martin Fahey Funeral Dirs. (Address) 1827 W. North Ave.

FILED 1935 Registrar Huntington Williams, M.D.

8 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 . 1934 to 1-19 . 1935.

I last saw h-- alive on 1-19 . 1935 Death is said to have occurred on the date stated above at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	10 Yrs
Carbuncle Neck	2 Wks
Cardiac Failure	1 day

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl G Rethel . M. D.

(Address) St Agnes Hosp.

D. B. 1268-9

E 08802

3802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Oscar Enoor

(a) Residence: No. Westminister Route #8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine E

6. DATE OF BIRTH (month, day, year) Aug 8, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month, year) July 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Belfast Md.

13. NAME Walter O Enoor

14. BIRTHPLACE (city or town) (State or country) Belfast Md

15. MAIDEN NAME Julia Claycomb

16. BIRTHPLACE (city or town) (State or country) Belfast Md

INFORMANT Mrs. J. O Enoor

(Address) Westminster, Md.

BURIAL, CREMATION, OR REMOVAL

Place Bethany, Lewis, Md Date Jan. 23 1935

UNDERTAKER Wm. C Bond & Son

(Address) Spencer

Huntington Preparatory

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1935 to Jan 21 1935

I last saw him alive on Jan 21 1935. Death is said to have occurred on the date stated above, at 10:30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	3 yrs?
Uraemia	2 days

Other contributory causes of Importance:

Name of operation Cystoscopy Date of 1-14-35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur G Swinnerton M. D.

(Address) University Hospital

. D. B. 1268-9

F 08803

HEALTH DEPARTMENT—CITY OF BALTIMORE

303

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Convent of the Good Shepherd

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mount & Hollins Sts. 14 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Mary of St. Eulalia (Gertrude Biddenback)

(a) Residence: No. Convent Gd. Shepherd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

1065

BIRTHPLACE (city or town) (State or country) Springfield, Ga.

13. NAME Wm. J. Biddenback

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Margaret Wilson

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sisters of the Good Shepherd
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1 22 ....., 1935

UNDERTAKER J. B. Fahey & Sons
(Address) 316 N. Eighth St.

FILED ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1934 to Jan 21st, 1935

I last saw her alive on Jan 19th, 1935. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	one year ago

Other contributory causes of importance: No

Name of operation None Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Cleland, M. D.

(Address) 3004 Calvert St

D. E. 1268-9

F 08804

HEALTH DEPARTMENT—CITY OF BALTIMORE

8804

CERTIFICATE OF DEATH

47-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 North Ave St., 15 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth 44 yrs. mos. ds.

2. FULL NAME Josie Ruby Doyle

(a) Residence: No. 2843 North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch 15 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Jane Ruby

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Keating

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thos J. Ruby

(Address) 2843 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Calvert Cem Date 1/22/35

19. UNDERTAKER Fuss & Fuller

(Address) Fulton & Lafayette Sts

Huntington W. Va.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1934 to July 17 1935

I last saw her alive on July 17 1935. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Primary)	11/13/34
Myocardiac Degeneration	12/34
Other Intestinal Lesion	1935
Arterial Sclerosis	1935

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H Hauber, M. D.

(Address) 3013 St Paul St

or.—10-10-29—A Co.—100 Bks.

08805

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08805

82-a

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 3424 Ash St., 13 Ward)

2-FULL NAME Louise E. Foreman

(a) RESIDENCE NO. 3424 Ash St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
female	white	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E. L. Foreman

DATE OF BIRTH (month, day, and year) March 10, 1868

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	66	10	11	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework.
(b) General nature of industry, business, or establishment in which employed (or employer) Home 037
(c) Name of employer

BIRTHPLACE (city or town) Md.
(State or country)

10 NAME OF FATHER John W. Mason.

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Louisa Felpe.

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant Robert E. L. Foreman
(Address) 3424 Ash St

15 Filed 1-22 1935 Huntington W. Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-21 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or Inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? JOHN J. MORRISSEY

(Signed) John J. Morrissey M. D.

1/21, 1935 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden

DATE OF BURIAL Jan 23 1935

20 UNDERTAKER Chenoweth & Son

ADDRESS 3611 Roland Ave.

CHENOWETH & SON

M. D. B. 1268-9

F 08806

08806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Leola Clark

(a) Residence: No. 5 W N. Pallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 22, 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Viola Clark

(Address) Same

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date Jan 23 1935

UNDERTAKER Joseph A. Lively

(Address) 409 N. Mount street

FILED 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 1-19- 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10- 1935 to 1-19- 1935

I last saw her alive on 1-19- 1935 Death is said to have occurred on the date stated above, at 12 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Broncho Pneumonia - Left Side	1-8-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Sat Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ga McDonald Provident Hosp M. D.

(Address)

D. P. 1268-9

94799
08807

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08807

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Simms

(a) Residence: No. 83 Pleasant St St., ... Ward. Annapolis Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Louis

6. DATE OF BIRTH (month, day, year) — 4-19-11

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 6037

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md

13. NAME — Harry Reed

14. BIRTHPLACE (city or town) (State or country) — 2,

15. MAIDEN NAME — Lillian Detts

16. BIRTHPLACE (city or town) (State or country) — 2,

17. INFORMANT — Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL — Metropolitan
Date 21 1935

19. UNDERTAKER — Chas E. Fuchs Jr
(Address) Annapolis Md

20. FILED ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Jan 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1935 to Jan 20 1935 Last saw her alive on Jan 20 1935 Death is said to have occurred on the date stated above, at 8.35 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Meningitis	1/2/35

Other contributory causes of importance:

Name of operation — None — Date of

What test confirmed diagnosis? — Lumbar puncture — Was there an autopsy? — No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) Johns Hopkins Hospital.

D. P. 1768-9

F 08808

308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 S. Calverton Road Ward)

Length of residence in city or town where death occurred yrs. life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph C. Urs

(a) Residence: No. 141 S. Calverton Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Dorothy E. Urs

6. DATE OF BIRTH (month, day, year) Jan. 23 - 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hatcher in Steel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill (Sparrows Point)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Joseph C. Urs

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Dorothy E. Urs

(Address) 141 S. Calverton Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Jan 24, 1935

19. UNDERTAKER George L. Eschmat

(Address) 2181 Frederick Ave.

20. Filed JAN 25 1935 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1927 to Jan 21, 1935

I last saw h live on June 20, 1935. Death is said to have occurred on the date stated above, at 6 A.M. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis with Hemorrhage	6 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) H. Jos Bonello, M. D.

(Address) 4213 Frederick Ave

F 08809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8809

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., BALTIMORE, MD Ward) 9

Length of residence in city or town where death occurred yrs. 9 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Carroll Meyers

(a) Residence: No. Timmons Run, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct - 21 - 1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	2	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John A. Meyers

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Francis E. Hyder

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mr. John A. Meyers

(Address) Morgan Ave.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date 1/22, 1935

UNDERTAKER John S. Connelly

(Address) East End

FILED 1/24, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1935, to January 20, 1935

I last saw him alive on January 20, 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Obstruction of sigmoid.	
2. Peritonitis	
3. Intestinal obstruction	
Other contributory causes of importance:	

Name of operation Laparotomy Date of 1-19-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 08810

D. B. 126

F 08810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Levindale Hebrew Home Lesvidge Ave (St.) Ward

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Esther Feldman

(a) Residence: No. Belvedere & Greenspring Ave (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 15, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	6	14	

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Sig. Feinblatt

(Address) Belvedere & Greenspring

BURIAL, CREMATION, OR REMOVAL Place Greenmount Cemetery Date Jan 22 1935

UNDERTAKER Sol Levinson & Bro

(Address) 1222 E Balto st

FILED JAN 22 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/17, 1931, to 1/21/35, 19..

I last saw her alive on 1/21, 1935. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	1/17/35
Hypertension,	
Atherosclerosis	

Other contributory causes of importance: Chronic bronchitis & emphysema.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Edmund Kern, M. D.

(Address) Lansdale

F 08811

B 1268-9

F 08811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

Registered No.

PLACE OF DEATH Pronounced dead at

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

rth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward Schuchardt

(a) Residence: No. 1217 N. Gay st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Mar Widowed

f married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Schuchardt

ATE OF BIRTH (month, day, year) Feb 18 1872

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	286	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto.

NAME Frederick Schuchardt

BIRTHPLACE (city or town) (State or country) Ger.

MAIDEN NAME Ernestine Brankmann

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Edward Schuchardt

(Address) 2808 E. Chase st.

URIAL, CREMATION, OR REMOVAL

Place Balto. Cem Date Jan 22 1935

NDERTAKER Philip Herring Sons

(Address) 2016 Orleans st

ED JAN 22 1935 Huntington Ave. Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... before Midnight Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Bayer M. D.
Coroner

(Address) 558 E Fayette

F 08812

F 08812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2040 Cliftwood Ave. Ward) 8

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Life

2. FULL NAME August L. Krueger

(a) Residence: No. 2040 Cliftwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Friedericka Krueger

DATE OF BIRTH (month, day, year) Dec. 10/1865			
AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	69	1	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Wm Krueger

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Adalea Engelken

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mrs Friedericka Krueger

(Address) 2040 Cliftwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem Date Jan. 22 19 35

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

FILED JAN 22 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 19 1934 to January 20 1935

I last saw h[illegible] alive on January 20 1935 Death is said to have occurred on the date stated above, at 11.50 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis, Renal Arteriosclerosis Essential Hypertension

Date of onset Jan. 1934

Other contributory causes of importance:

Cardiac Dilatation and Uremia

Date of onset Jan 17 1935

Name of operation ..... Date of .....

What test confirmed diagnosis: ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Engelken M. D.

(Address) 1015 E. Fayette St

D. B. F 08813 F 08813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 N. Washington St., 7 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorsey A. Whitaker

(a) Residence: No. 947 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 31 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	9	19	18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Keeper

10. Date deceased last worked at this occupation (month and year) Jan 19

11. Total time (years) spent at this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Howard Whitaker.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alice Hansen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Matilda Mantz

(Address) 947 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Jan 23 19 35

19. UNDERTAKER Philip Herzog & Sons

(Address) 246 Park Ave

FILED JAN 22 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1935 to Jan 19 1935

I last saw him alive on Jan 18 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1 wk
Hypertension	

Other contributory causes of importance:

Central Hemorrhage	1 day

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 08814

D. H. 1268-9 F 08814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1006 Mt. Dorough St., 7 Ward)

gth of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Frederick Middendorf

(a) Residence: No. 1006 Mt. Dorough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

ATE OF BIRTH (month, day, year) May 15 1887

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	8	5	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Plant 004 0

. Date deceased last worked at this occupation (month and year) 2 yr | 11. Total time (years) spent in this occupation 15 yr

BIRTHPLACE (city or town) (State or country) Baltimore

3. NAME Herman Middendorf

4. BIRTHPLACE (city or town) (State or country) Baltimore

5. MAIDEN NAME Annie Eberle

6. BIRTHPLACE (city or town) (State or country) Baltimore

NFORMANT John A Middendorf

(Address) 1006 Mt Dorough St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 1/22/35 19

NDERTAKER Geo V Ecrich

(Address) 2008 Eutaw St

ILED ..... 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934 to Jan 20, 1934

I last saw h. alive on Jan 20, 1934 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	About 1 yr
Aortic Sclerosis	About 3 yrs
Chronic Interstitial Nephritis	3 yrs
Other contributory causes of importance:	
Coma	1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Mitchell L Rosenstein, M. D.

(Address) 1025 N Eutaw St

D. B. 1268-9 F08815 F08815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2351 West North St. Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Meyers

(a) Residence: No. 2351 West North St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham Meyers

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 +			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME ? Louis Slavansky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME ? Teresa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT daughter
(Address) same address

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Rodeph Shalom Date 1/22/35 19

19. UNDERTAKER Jacob Levin & Sons
(Address) 1372 Park Ave.

20. FILED JAN 22 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1935.

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1935. to January 21, 1935. I last saw h.. alive on January 21, 1935. Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan. 18th
Myocarditis	

Other contributory causes of importance:

Arteriosclerosis
Gall stones
Chr. Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) N. E. Negley M. D.

(Address) 2347 West North Avenue

F 08816 F 08816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Mrs Rachel Black

(a) Residence: No. Belvedere & Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of / (or) WIFE of ?

DATE OF BIRTH (month, day, year) ? 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Jos. Cubbage
(Address) Belvedere & Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL Lutheran Mt Lasmel
Date 1/22/35

19. UNDERTAKER Jos. Segura Funeral Home
(Address) 1439 E. Baltimore St.

20. FILED JAN 22 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-11 1930 to 1-21 1935

I last saw her alive on 1-21 1935 Death is said to have occurred on the date stated above, at 9.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr card vascular disease	
Hypertension	
Cyclonic sclerosis	
Cardiac hypertrophy	
Other contributory causes of importance:	
Immature cataracts	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Lewis, M. D.

(Address) Lemdale

F 08817

F 08817

H. D. B. 12c-9

9473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fanny Hammann

(a) Residence: No. 537 Pulaski St., Bd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of John

DATE OF BIRTH (month, day, year) 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md —

13. NAME Benjamin Goldsey

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Harris

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Beards —

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date 1/22/35 19

UNDERTAKER Levy Bros Inc

(Address) 1732 E. Baltimore St.

FILED ... 19... ... Registrar.

2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1935 to Jan 21 1935

That I last saw her alive on Jan 21 1935 Death is said to have occurred on the date stated above, at 11 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchial asthma	Chronic asthma for 19 years; acute attack for 5 min.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Swan Cooke M. D.

(Address) Johns Hopkins Hospital

D. H. 1268-9

F 08818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08818

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH Pronounced at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Franciszek Kaczorowski

(a) Residence: No. 1501 Nelson Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Frances

6. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	49			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawmill 1040

9. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Poland (Warsaw)

12. NAME Franciszek Kaczorowski

13. BIRTHPLACE (city or town) (State or country) Warsaw, Poland

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Poland

16. INFORMANT Frances Kaczorowski

(Address) 1501 Nelson Ct

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Jan 23 35

18. UNDERTAKER H W Gaszewski

(Address) 1932 Ashburton Ave

19. FILED ..... 19 ..... Registrar.

21935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20/35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at before 5:30 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. S. Kaer M. D.

(Address) 5086 York Rd Coroner

(08819) F (08819)

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH — Permanent Registration Dist. No. 181

County Baltimore

Village or City Lawson No. Union Memorial Hosp. St., W

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. 1 ds How long in U. S. if of foreign birth? yrs. mos.

2. FULL NAME Ralph Osborne

(a) Residence: No. Bowie Co Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 6, 1909

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
26	6	13/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Hickory N.C.

13. NAME Owen Osborne

14. BIRTHPLACE (city or town) (State or country) Ashe Co N.C.

15. MAIDEN NAME Martha Welsh

16. BIRTHPLACE (city or town) (State or country) Caldwell Co N.C.

17. INFORMANT (Address) Owen Osborne Bowie Co Md

18. BURIAL, CREMATION, OR REMOVAL Place Bowie Md. Date Jan 29, 1935

19. UNDERTAKER (Address) John Burns Sons Lawson

20. FILED Jan 29, 1935 John Burns Sons Registrar

1935 Tonderton

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 19, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h... alive on , 19 , death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

Killed by explosion of
a still & Burns

Other Contributory Causes of importance

Accident Feet very badly burned

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following

Accident, suicide, or homicide? Accident Date of injury Jan 19, 1935

Where did injury occur? Baltimore Co Maryland
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury Explosion of Still

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. L. Carter Coroner M.

(Address) Lawson

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8820 72 94 H 08820 V 46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Dyson

(a) Residence: No. 230 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 621

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Harrison Davis

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Alice Montgomery

16. BIRTHPLACE (city or town) (State or country) N. C

INFORMANT Records
(Address)

BURIAL, CREMATION OR REMOVAL
Place Mt Olivet Cemetery Date Jan 22 19 30

UNDERTAKER Ernest Rose
(Address) 135 N Hanover St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 19 30

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 19 .. to 35 Jan 18 19 30

I last saw her alive on Jan 18 19 30 Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of esophagus — Date of onset Symptoms for 6 mos

Other contributory causes of importance:

respiration pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Carmichael Lilly Lyman M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

08821 F 08821

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital ✓91 Registered No.
CITY OF BALTIMORE: (No. 1000 Eaton Avenue St., 22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME (Miss) Mary Elizabeth O'Neal

(a) Residence: No. 834 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William O'Neal

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Jane McDonnell

16. BIRTHPLACE (city or town) Scranton
(State or country) Penna

17. INFORMANT Jenkins Memorial
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date Jan. 23, 1935

19. UNDERTAKER Rud Riedfield
(Address) 914 Greenmount Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1934 to January 20, 1935
I last saw her alive on January 20, 1935 Death is said to have occurred on the date stated above, at 1:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arterio-sclerosis ?	
Thrombosis Femoral artery (rt.)	1-17
Dry Gangrene Leg.	"

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Simon L. Kemp, M. D.

(Address) St Agnes Hospital.

Spec.—Index F 08822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. F 08822

1-PLACE OF DEATH 2nd Shore Edgewater St Edgewater

CITY OF BALTIMORE: (NO. Dundalk, St., Ward) Higla

2-FULL NAME Glenn Earl Hughes.

(a) RESIDENCE NO. 2nd Shore — Edgewater ST. X WARD

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) Jan 5 1935

AGE: Years | Months | Days: 16 | If LESS than 1 day, hrs or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Edwd Wallis Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Clara O. Koerber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant (Address) Edwd W. Hughes Dundalk. Md

Filed Huntington for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 21 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 5. 1935. to Jan 21. 1935.

that I last saw h— alive on Jan 20. 1935.

and that death occurred, on the date stated above, at 7a. m.

The CAUSE OF DEATH* was as follows:

Bronchs - pneumonia.

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Cl. Ex.

(Signed) C. J. McCarmona M. D.

. 19 (Address) Dundalk. Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Orem Cemetery

20 UNDERTAKER John Ulrich

DATE OF BURIAL Jan 22 1935

ADDRESS 200 Eastern

F 08823

F 08823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Woodlea Ave St. 27 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Howard A. Borgmann

(a) Residence: No. 4012 Woodlea Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Helen A. Borgmann

6. DATE OF BIRTH (month, day, year) Jan. 30 1906

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
28	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME August Borgmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Hoehn

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Helen A. Borgmann

(Address) 4012 Woodlea Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Blvd Date Jan. 22, 1935

19. UNDERTAKER Mac E. Miller & Son

(Address) 2334 Jefferson St.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1931 to June 20 1935

I last saw him alive on June 19 1935. Death is said to have occurred on the date stated above, at 4 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma	May 1931
Other contributory causes of importance:	

Name of operation Removal. Prim. Lung Date of May 3 1931

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. S. Hundley M. D.

(Address) 4810 Belair Road

D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

08824

CERTIFICATE OF DEATH 1 V 108 F 08824

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Huron St. 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Williams Parker

(a) Residence: No. 2419 Huron St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Mary Williams

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Cordelia Addison

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Edward Worthington

(Address) 2419 Huron St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 24, 1935

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

FILED JAN 24 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to Jan 20 1935

I last saw her alive on Jan 19 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/10/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. J. Bottomley M. D.

(Address) 912 Eutaw St

D. B. 1268-9

F 08825

8825

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 V

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St., 16 Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Watson

(a) Residence: No. 913 Arlington ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Arthur Watson

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Sarah Stone

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Jan 22, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lafayette St

20. FILED JAN 22 1935 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934 to January 20, 1935

I last saw h. in alive on January 20, 1935 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Apr 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Mayer W. Jacobson M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

F 08826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08826

CERTIFICATE OF DEATH

94-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH En route to Marine Hospital
CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F Collins

(a) Residence: No. 1621 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Fanny Collins

6. DATE OF BIRTH (month, day, year) Feby 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Joseph Collins

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Rebecca Bell

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Nannie Collins

(Address) 1621 E Preston St

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem. Date 1-22, 1935

UNDERTAKER Byson & Manning & Knight

(Address) 218 Dec & Liberty St

FILED JAN 22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on Inquire 19..... Death is said to have occurred on the date stated above, at HP m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 18 1935

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis Inquire Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 South Broadway

F 08827

H. D. B. 1269-8

F 08827 HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., 24 Ward)

Length of residence in city or town where death occurred 19 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll F. Shipley

(a) Residence: No. Glen Burnie, Anne Arundel Co., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) APRIL 10 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Lloyd N. Shipley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Margaret M. Pitcher

16. BIRTHPLACE (city or town) (State or country) Calvert County Md.

17. INFORMANT Lloyd N. Shipley

(Address) Jones Station Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 22, 1935

19. UNDERTAKER J. B. Siebert & Son

(Address) 1213 Light St. Baltimore Md.

20. Jan 21 1935 Huntington P. Travers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1935 to Jan 19, 1935

I last saw him alive on Jan 19, 1935. Death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Septicemic	
Multiple lung abscess bilateral	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

N.A. Signed) Louis F. Wolff M. D.

(Address) 1213 Light St.

2 1935

D. P. 1268-9

F 08828

F 08828 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Fulton & Caton Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mrs. Celia Martin

(a) Residence: No. 541 N. Brice St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced WIFE of (or) HUSBAND of Thomas J. Martin

DATE OF BIRTH (month, day, year) Nov. 4 - 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England

13. NAME Chas. Jordan

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Clutterbuck.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Augusta M. Martin 3339 Clifton Ave

BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Jan 23 35, 19

UNDERTAKER (Address) Margaret E. Flynn 2107 N. Fulton Ave

Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1934 to 1-24, 1935

I last saw her alive on 1-24, 1935 Death is said to have occurred on the date stated above, at 10 05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	2 yrs
Metastasis to abd	6 mos
Cardiac Failure	2 wks.

Other contributory causes of importance: Malnutrition

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Carl G Rehfuss M. D.

(Address) St Agnes Hosp

D. B. 1268-9

F 08829

(0882)9 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? 75 yrs. mos. ds.

2. FULL NAME Mrs Helena Francis O'Donovan

(a) Residence: No. 1438 E Fort Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick

DATE OF BIRTH (month, day, year) June 23-1887

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
47	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Of father Jeremiah O'Donovan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Hayes

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT (Address) Mrs Helena O'Donovan 1438 E. Fort Ave

BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Jan 24 19 35

UNDERTAKER (Address) Margaret E. Flynn 2107 W. Hilton St

Huntington Printing Co., Inc.

77935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1935 to January 21, 1935

last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Pulmonary Hemorrhage	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L Kemp M. D.

(Address) St Agnes Hosp.

F 08830

F 08830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. Dremen St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. + mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Abraham

(a) Residence: No. 215 S. Dremen St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Abraham

DATE OF BIRTH (month, day, year) Aug - 28 - 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter in Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store

10. Date deceased last worked at this occupation (month and year) Nov - 1934

11. Total time (years) spent in this occupation 4 +

BIRTHPLACE (city or town) (State or country) Lynchburg S. Carolina

13. NAME Dan Abraham

14. BIRTHPLACE (city or town) (State or country) Lynchburg S. Carolina

15. MAIDEN NAME Elsie Wells

16. BIRTHPLACE (city or town) (State or country) Lynchburg S. Carolina

INFORMANT Ella Abraham

(Address) 215 - S. Dremen

BURIAL, CREMATION, OR REMOVAL

Place Lynchburg S. C Date Jan 25, 1935

UNDERTAKER Joseph A Sively

(Address) 4049 Maryland Ave

FILED 1935 Huntington W. Virginia

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12 / 2, 1934 to Jan - 30, 1935

I last saw him alive on 1 / 30, 1935 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis and Myocarditis (acute Dilatation)	2 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Negative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan Drancen M. D.

(Address) 1220 W Lee St

F 08831

08831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N Hilton St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Indiana Jordan

(a) Residence: No. 614 N Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) December 19 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of father Henry Jordan

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME of mother Sarah Austin

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Sarah Jordan

(Address) 614 N Hilton St.

BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date Jan 22 1935

UNDERTAKER J. H. Jackson & Sons

(Address) 2-12 W. Lafayette Ave.

Jan 21 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1934 to Jan 20, 1935

I last saw h[illegible] alive on June 19, 19[illegible]. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic fibrous pulmonary Tuberculosis	1925 ca.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Bowman Ford, M. D.

(Address) 2216 Garrison Blvd

D. B. 1288-9

If 08832

08832 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St., 6 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marshall C. Smith

(a) Residence: No. Arnold, Maryland St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ola Smith

DATE OF BIRTH (month, day, year) Aug. 31, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0054

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Columbia, S.C.

13. NAME Turner Smith

14. BIRTHPLACE (city or town) (State or country) Raleigh, N.C.

15. MAIDEN NAME Patty Mason

16. BIRTHPLACE (city or town) (State or country) Raleigh, N.C.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Date Jan'y 23 1935

Place Louden Park.

UNDERTAKER Wm J Dukes & Sons

(Address) Wm J Dukes & Sons Funeral Home Livingston & Pulaski

21935 , 19 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.45 A. M.

The principal cause of death and related causes of importance were as follows:

Septic Sore Throat — Date of onset 1-16-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Cather Coroner, M. D.

(Address) 606 E Fort Ave.

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08833

CERTIFICATE OF DEATH

F 08833

93a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 West 25th Street St., 13 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Henry Witmyer

(a) Residence: No. 2547 Francis Street. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Witmyer

DATE OF BIRTH (month, day, year) June 9-1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee--Paving

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) York Penna

13. NAME Henry Witmyer

14. BIRTHPLACE (city or town) (State or country) York Co. Penna

15. MAIDEN NAME Catherine Hasler

16. BIRTHPLACE (city or town) (State or country) York Co. Penna.

INFORMANT Frank Wilson Witmyer
(Address) 2547 Francis Street.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan 24 1935

UNDERTAKER Wm J Dykes & Sons
(Address) Nfield & Pennsylvania Ave

Registrar.

FILED 1025

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Inquiry ..., 19... Death is said to have occurred on the date stated above, at 11.45 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myo-cardal degeneration	Jan. 20 1935

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Jos L. Callison M. D.
Coroner

(Address) 16 South Broadway

F 08834

F 08834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clarence Robinson

(a) Residence: No. 215 Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/16/1890.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto.
13. NAME Jacob Robinson
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Martha Ross.
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Clarence Robinson (wife)
(Address) same address.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 22 1935
19. UNDERTAKER Mrs Rosa Elliott
(Address) 1179 W. Saratoga
20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/12 1935 to 1/18 1935
I last saw him alive on 1/18 1935 Death is said to have occurred on the date stated above, at 8 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis (?)	3 wks.
Uremia	
Other contributory causes of importance: Cirrhosis of liver	2 yrs.?

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Robert J. Reiter, M. D.
(Address) Balto. City Hosp.

D. P. No. F 08835 ✓ F 08835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen O'Meara

(a) Residence: No. Pasadena, Md. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jerome O'Meara

DATE OF BIRTH (month, day, year) Aug 17th 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Thomas O'Keefe

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Annie O'Connell

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mr Jerome F. O'Meara

(Address) 226 Mt Albert Lane

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 1/24/ 1935

UNDERTAKER John J Coward & Son

(Address) 901 Hollins St

JAN 24 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1935, to January 21, 1935

I last saw her alive on January 21, 1935 Death is said to have occurred on the date stated above, at 6 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of both hip joints	6-1-34
Other contributory causes of importance:	
Hypostatic Pneumonia	1-17-35

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Carl C Rebel M. D.

(Address) St Agnes Hosp

D. B 1268-9

F 08836

8836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Lynch

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Med School Date Jan 22, 19 35

UNDERTAKER .....
(Address)

FILED ..... 19 .....

..... Registrar.

1055 THE MORGAN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Fractured Skull | accidental

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 1/2, 1935

Where did injury occur? City Hosp.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Prison Place

Manner of injury Fall off cot

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) E C Hergenroder, M. D.
Coroner

(Address) 505 N Patterson Park Ave

D. B 1268-9

F 08837

HEALTH DEPARTMENT—CITY OF BALTIMORE

837

161-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2212 Brunt St. 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Viola Dyson

(a) Residence: No. 2212 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Col
5. Single, Married, Widowed or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day and year): Dec 21 1934

AGE: Years ..... Months ..... Days 25 If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Leo Williams Mckinney Dyson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Viola Dyson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT (Address) Ada Dyson 2212 Brunt

BURIAL, CREMATION, OR REMOVAL
Place Jeff Med School Date Jan 22, 1935

UNDERTAKER (Address) Commissioner of Health

FILED ..... 1935. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 15 to Jan 16 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said to have occurred on ..... at ..... m. The principal cause of death and related causes of importance were as follows:

Hemorrhage Internal — Date of onset
Cause Undetermined
Autopsy revealed no cause of death.

Other contributory causes, if any:

Name of operation ..... Date of operation .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Leslie Diggs Coroner M. D.
(Address) Coroner

D. B 1268-9

✓ F 08838

8838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Broadway Hosp. St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Ross

(a) Residence: No. 2419 Hudson Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Martha Ross

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation W'ks

BIRTHPLACE (city or town) (State or country)

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Northern Police Record.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Med. Sch. Date Jan 22 1935

UNDERTAKER Huntington Williams, Inc.
(Address)

21935 1057 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 12 1935

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on Jan 7 1935 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Hemorrhage of	
Sub Clavian Vein	
due to stab wound	
of Neck.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury Jan 12 1935
Where did injury occur? 2419 Hudson Place
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Stab wound (Penetrating)
Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leek Corner M. D.
(Address)

F 08839

H. D. B. 1268-9

08839 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Ambassador Apts

CITY OF BALTIMORE: (No. Canterbury 39 St., 12 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Van Roust Sayre

(a) Residence: No. Canterbury 39th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 16th 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME C H Sayre

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Flora F Gaugaux

16. BIRTHPLACE (city or town) (State or country) New York

INFORMANT David F Bryant

(Address) New York

BURIAL, CREMATION, OR REMOVAL

Place Utica New York Date Jan 22nd 1935

UNDERTAKER H W Jenkins & Co

(Address) Cor. N. Calvert

FILED ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1935 to Jan 22 1935

I last saw her alive on Jan 22 1935 Death is said to have occurred on the date stated above, at 9.20 A m.

The principal cause of death and related causes of importance were as follows:

Left Hemiplegia — Date of onset Jan 12 1935

Other contributory causes of importance:

Myocardial failure

Name of operation — Date of —

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) John H. Truehart M. D.

(Address) 103 N. Calvert St.

H. D. P. 1268-9

3840 F 08840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME RUDOLF H. AFFELDT

(a) Residence: No. RFD #5 Ellicott City St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 17, 1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	10	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. F. Affeldt

10. Date deceased last worked at this occupation (month, day, year) 11/13/34 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) A.A. Co Maryland

13. NAME Rudolf H. Affeldt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Teresa Gerdes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT H. F. Affeldt.
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Jan 25 1935

19. UNDERTAKER Easton Sons
(Address) Ellicott City

Huntington Williams Md.

FILED JAN 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-20 1935 to 1-21 1935

I last saw him alive on 1-21 1935 Death is said to have occurred on the date stated above, at 12 M

The principal cause of death and related causes of importance were as follows:

	Date of onset
PIMPLE ON NOSE	1-17-35
Other contributory causes of importance: CAVERNOUS SINUS THROMBOSIS	1-19
MENINGITIS	1-20

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H C Hull, M. D.

(Address) University Hospital

D. P. 1268-9

F 08841

8841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108-143

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave) St., 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Mellon

(a) Residence: No. 1341 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Mellon.

DATE OF BIRTH (month, day, year) June 10 1899.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nursing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 16

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Hudson Gurney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Bessie Mellon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT (Address) Mrs Irene Constantine 1219 Harney St

BURIAL, CREMATION, OR REMOVAL Place Moreland Pk Date 1/25/34

UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-14- . 1935 to 1-21-35 . 19

I last saw her alive on 1-21 . 1935 Death is said to have occurred on the date stated above, at 10:07 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1-11-35
Twin pregnancy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C Peters M. D.

(Address) 2107 Hollins Ave

D. B. 1268-9

F 08842

8842 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Lemmox St., 13 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? 67 yrs. mos. ds.

2. FULL NAME Charles Wilhelm Klingelhoefer

(a) Residence: No. 616 Lemmox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	widowed

6. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of (or) ~~WIFE~~ of Christina Koch Klingelhoefer

DATE OF BIRTH (month, day, year) Oct 27 1840

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	2	25 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Retired) Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery Business

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Theodore Klingelhoefer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Delnet

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Fred. W. Klingelhoefer

(Address) 4203 Main Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/23 35 19

UNDERTAKER Geo. L. Berger & Sons

(Address) 512 Hollins St

Registered JAN 21 1935 Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935 to Jan 21, 1935

I last saw h. in alive on Jan 20, 1935 Death is said to have occurred on the date stated above, at 3 4. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 5 1935
Chr. Valvular Heart Disease	1920

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl E. Brown M. D.

(Address) 1663 N. Monroe St

F. D. B. 1268-9

08843

F 08843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 E. Chase Street St., 10 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DELIA KENEALY

(a) Residence: No 805 E. Chase Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William J. Keneally Sr.

DATE OF BIRTH (month, day, year) Jan. 11, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	---	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas Kearns

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Julia A. Finn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mamie Keneally

(Address) 805 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Jan 24 35

19. UNDERTAKER Chas F. Kraus & Son

(Address) 1811 Druid Park Lake

21 1935 (Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9. 1935 to Jan 20 1935

I last saw her alive on Jan 20 1935. Death is said to have occurred on the date stated above, at 8.30 p m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1-19-35

Other contributory causes of importance:

Cerebral arteris sclerosis
Cerebral thrombosis
Renal arteri sclerosis

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mary A. McCarty M. D.

(Address) 837 W Preston St

D. B. 1268-9

F 08844

8844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 Edmondson Ave. St. 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Huber

(a) Residence: No. 2334 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 5th, 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry E. Huber

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary M. Burgess

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Ella C. Huber

(Address) 2334 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan. 23 1935

UNDERTAKER Frederick A. Ole

(Address) 1210 W. Lombard St

Huntington Ave. Station

FILED

21935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1934 to Jan 20th 1935

I last saw him alive on Jan 20th 1935. Death is said to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Other contributory causes of importance:	
Uremia	10 d

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. O. McCleary M. D.

(Address) 1020 N. Patterson Pk

✓ F 08845

O. F 1268-9

8845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 816 N. Parrish St., 16 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Eleo Page Hall

(a) Residence: No. 815 W. Parrish St., ... Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 14 1934

7. AGE: Years ... Months 11 Days 7 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Eleo Page Hall

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Ruth Hall

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Ruth Hall 815 W. Parrish

18. BURIAL, CREMATION, OR REMOVAL: Date Jan 23. 1935

Place Mt Iron Cem

19. UNDERTAKER (Address): Cole Bros Halstead 962 Broad Hillside N.J.

JAN 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	5 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was an autopsy held?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

Coroner

(Address)

F 08846

08846 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 11 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jake Walls.

(a) Residence: No. 919 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6/3/1911

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Edw. Walls. Sa.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Howe.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sister above address.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 1/25/ 1935

19. UNDERTAKER Robt. Thos Halstead
(Address) [illegible]
Huntington Williams. N.Y.

Registrar.

21935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1935 to 1/19, 1935

I last saw him alive on 1/19, 1935 Death is said to have occurred on the date stated above, at 5-15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1/13/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Peete, M. D.

(Address) Balto City Hosp

D. B. 1768-0

08847

F 08847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St. 75 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Starner

(a) Residence: No. Franklin St. Gettysburg Pa. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles F.

DATE OF BIRTH (month, day, year) 1953

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna

13. NAME Robinson

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Mary Willis

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT St. Agnes Hospital

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Gettysburg Pa Yrt $5

UNDERTAKER H. B. Bender & Son

(Address) Gettysburg Pa

2 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22- , 1935

22. I HEREBY CERTIFY, That I attended deceased from January 5 , 1935 to January 22 , 1935

I last saw him alive on January 22, 1935 Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Senility	?
Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Carl G Bobst , M. D.

(Address) Gettysburg Pa

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08848

8848

CERTIFICATE OF DEATH

117-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1451 Towson St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles B. Williams

(a) Residence: No. 1451 Towson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Williams

7. DATE OF BIRTH (month, day, year) March 14. 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. & M. D. S. S. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles B. Williams

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary E. McIntyre

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Charles B. Williams

(Address) 1451 Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Jan. 24 1935

19. UNDERTAKER Margaret E. McIntyre

(Address) 2107 N. Milton Ave.

21935 ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1935 to Jan 21, 1935

I last saw him alive on Jan 21, 1935. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary arterial disease	1/17/35
Coronary Thrombosis	1/21/35

Other contributory causes of importance:

Rupture of duodenal ulcer operation	5 yrs ago

Name of operation ... Date of ...

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Merle Griffin M. D.

(Address) 1819 Light St.

D. B. 1268-9

F 08849

HEALTH DEPARTMENT—CITY OF BALTIMORE

8849

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5257 St Charles Ave. 27 Ward)

Length of residence in city or town where death occurred 23 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Franklin Shields

(a) Residence: No. 5257 St Charles Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Sophia Shields

7. DATE OF BIRTH (month, day, year) March 27 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger R E Ax

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none.

10. Date deceased last worked at this occupation (month and year) 15 yrs

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas F Shields

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah R Heney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Sophia Shields

(Address) 5257 St Charles Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 23, 1935

19. UNDERTAKER Lowell & Byers

(Address) 2124 Edmondson Ave

FILED 2 1935 Huntington Avenue & P.O. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20, 1935

22. I HEREBY CERTIFY, That attended deceased from Jan. 15, 1935, to Jan. 20, 1935

I last saw him alive on Jan. 20, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1/11/35
Other contributory causes of importance: Bronchio-Pneumonia	1/15/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Timmins M. D.

(Address) Medical Arts Bldg

D. B 1268-9

F 08850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

850

180

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Smith, Jr.,

(a) Residence: No. 817 Somerset St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 1/1922

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	12	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Richard Smith

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Mamie Sills

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Richard Smith, Sr

(Address) 817 Somerset St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 1/23 1935

UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia- over body	Jan 3/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 3/35

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in cellar of 752-4 N. Gay St

Manner of injury Celloid Buttons set afire with hot poker by another boy while

Nature of injury playing.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 506 Fremont Ave

H. D. B. 1268-9

F 08851

08851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 131

1. PLACE OF DEATH U. S. Marine Hospital

CITY OF BALTIMORE: (No. Wyman Park Drive, Balto. Md. St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J. Kartcher

(a) Residence: No. 18 Winchester St., Boston, Mass. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Alice Boland Kartcher

DATE OF BIRTH (month, day, year) April 6, 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	9	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Seaman

10. Date deceased last worked at this occupation (month and year) December 24, 1934

11. Total time (years) spent in this occupation unk.

12. BIRTHPLACE (city or town) Camden, N. J.
(State or country)

13. NAME Emil Kartcher

14. BIRTHPLACE (city or town) Lyon, France
(State or country)

15. MAIDEN NAME Janet Epley

16. BIRTHPLACE (city or town) Chestnut Hill, Pa.
(State or country)

17. INFORMANT U.S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Boston Mass Date Jan 22 1935

19. UNDERTAKER John C. Miller
(Address) 2335 E. Oliver St
Huntington Station, Mass.

20. FILED ... 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1935 19... to January 22, 1935 19...
I last saw him alive on January 22, 19 35 Death is said to have occurred on the date stated above, at 9:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	unk.
Other contributory causes of importance:	
Myocarditis, chronic	unk.
Arteriosclerosis, general	unk.
Hypertension, vascular	unk.

Name of operation none Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Wm. H. Gordon M. D.
(Address) Wm. H. Gordon, U.S.M.H., Balto. Md.

2 1935

H. D. P. 1268-9

F 08852

HEALTH DEPARTMENT—CITY OF BALTIMORE

08852

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 McKewin Ave St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Whitney James

(a) Residence: No. 773 McKewin Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	widowed

If married, widowed or divorced
HUSBAND of (or ~~WIFE~~ of) Emma L James

DATE OF BIRTH (month, day, year) Sept-16-1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder. Ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) 1/35

11. Total time (years) spent in this occupation 40 yrs.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas James

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) (State or country) Wales

INFORMANT Mrs Margaret Rudrau

(Address) 773 McKewin Ave.

BURIAL, CREMATION, OR REMOVAL.

Place Greenmount Cemetery Date Jan 23 1935

UNDERTAKER Wyndham Funeral Home

(Address) 440 W. Fayette St.

JAN 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 1934 to 1/20 1935

I last saw h... alive on 1/20 1935. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	
Chronic passive congestion	6/10/34

Other contributory causes of importance:

Chronic pneumonia	
bronchitis	11/15/35

Name of operation ... Date of ...

What test confirmed diagnosis? Signs Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Harry B Rudrau M. D.

(Address) 1623 E Fort Ave

F. D. B. 1268-9

F 08853

08853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710-Harford Ave. St., 9 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Johnson

(a) Residence: No. 1710-Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

DATE OF BIRTH (month, day, year) Nov. 14, 1884

AGE Years	Months	Days	If LESS than or min.
50	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William H. Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Anna Ruhle

16. BIRTHPLACE (city or town) (State or country) New Freedom, Pa.

17. INFORMANT Mrs. Sarah Howard
(Address) 1710-Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 1/24/35 19

19. UNDERTAKER George Fuller Signature
(Address) 1235 Harford Ave

FILED 2 1935 Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1934 to Jan. 22, 1935.

I last saw him alive on Jan. 21, 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis Myocarditis	Aug. 12, 1934.

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of Injury , 19

Where did Injury occur? no
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place no.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sigel Littman M. D.

(Address) 1304 E. Chase

D. B 1268-9

E 08854

8854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto Hosp. St., 27-18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche Wolfsheimer.

(a) Residence: No. 3503 Lucille Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem'l

4. Color or race White

5. Single, Married, Widowed, or Divorced (write word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joel H. Wolfsheimer

7. DATE OF BIRTH (month, day, year) Jan 4 - 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent at this occupation .....

12. BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME Geo. H. Macbeath

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Eliza Robinson

16. BIRTHPLACE (city or town) Scotland
(State or country)

17. INFORMANT Mr. Miles
(Address) 3503 Lucille Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Jan 24, 1936

19. UNDERTAKER George J. Rutledge & Son
(Address) 1735 Fairfield Ave

20. FILED Jan 24 1936 Registrar.

21935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Bronchial Pneumonia	4 to 6 days
Other contributory causes of importance: Potts Fracture (Right)	9 Days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury Jan 3 - 1936

Where did injury occur? home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell down steps

Nature of injury Potts Fracture

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) F. C. Luik M. D.
Coroner

(Address) Coroner

M. D. P. 1268-9 F 08855

F 08855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Hosp. Street (or Ward)

Length of residence in city or town where death occurred ... yrs. 14 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sheldon Della

(a) Residence: No. Cedar Hill, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of ——
(or) WIFE of ——

7. DATE OF BIRTH (month, day, year) Sept 15th 1911

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Tester

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Oil Co

10. Date deceased last worked this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Charles E. Della

14. BIRTHPLACE (city or town) Arnold Station (State or country) Md

15. MAIDEN NAME Mary E. Chaney

16. BIRTHPLACE (city or town) Millersville (State or country) Md

17. INFORMANT Charles A. Della
(Address) Brooklyn Md RFD #9

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Jan 24th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Jan 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-7-35, 19..., to 1-21, 1935

I last saw him alive on 1-21, 1935 Death is said to have occurred on the date stated above, at 5:30 AM

The principal cause of death and related causes of importance were as follows:

Lymphoid Leukemia — Date of onset Sept 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton A. Flum M. D.

(Address) South Balto. Hosp.

M. D. B 1268-9 F 08856

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08856

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4413 Valley View Ave St., 56 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minne Mary Adams

(a) Residence: No. 4413 Valley View Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Adams

DATE OF BIRTH (month, day, year) Feb 17/1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME James Finley

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

15. MAIDEN NAME Sarah Daniels

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

INFORMANT Helen A. Myers

(Address) 4413 Valley View Ave

BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Jan 23 1935

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED Jan 25 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chr. Myocarditis	1 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

F 08857

F 08857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St. 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice May Buckingham
(a) Residence: No. Turners Station St., Woodlawn Beaver Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon Buckingham

DATE OF BIRTH (month, day, year) March 11-1881

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John W Hamilton

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME — Schneider

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Vernon Buckingham
(Address) Turners Station

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 1/23 1935

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED ... 19... Registrar.

JAN 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said I last saw h... alive on ... 19... to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Bronchio Pneumonia	

Other contributory causes of importance:
Bronchial asthma

Name of operation ... Date of ...
What test confirmed diagnosis? Dist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) E K Herzog M.D. Coroner
(Address) 1305 N Patterson Park M. D.

D. B. No. F 08858

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08858

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hosp. St., 2 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Beye.

(a) Residence: No. 267 Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1889.

7. AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Johnson City Tenn

13. NAME of Father: Fred Robinson

14. BIRTHPLACE (city or town) (State or country): Tenn

15. MAIDEN NAME of Mother: Ann Smith

16. BIRTHPLACE (city or town) (State or country): Tenn.

INFORMANT: Bertha Shupp

(Address) 1314 Mc Culloh St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 1/25 1935

UNDERTAKER: Joseph G. Locke Jr.

(Address) 3012 Jefferson St.

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h... alive on January. Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	6 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Kluk, M. D. Coroner

(Address) .....

M. D. B. F. 9 F 08859

F 08859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Haywood

(a) Residence: No. Aged men & women Home Colored St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Hampton Co. Va.

13. NAME John Stevens

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Rosie Stewart

(Address) 822 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1/23/ 1935

19. UNDERTAKER Frances A. Pressley

(Address) 578 Whitelock St.

20. FILED 1/23/1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan' 16 1935 to Jan 21 1935

I last saw h alive on Jan 21 1935 Death is said to have occurred on the date stated above, at 11 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?

Other contributory causes of importance: ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Edw. J. Kelly M. D.

(Address) 1230 S. Hilton

Spec—9-30—A. A. Co. F 08860 Sander F 08860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-A

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3104 Leeds St 70 WARD)

2 FULL NAME Michael Sander

(a) RESIDENCE NO 3104 Leeds St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kezia Sander

6 DATE OF BIRTH (month, day, and year) Feb 2-1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	11	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Sander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Viola B. Sander (Address) 3104 Leeds St.

15 Filed Jan 27 1935, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27/35

17

I HEREBY CERTIFY, That I attended deceased from Jan 20, 34, to Jan 27, 1935

that I last saw him alive on Jan 22, 1935

and that death occurred, on the date stated above, at 10:30 A.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation and Arteriosclerosis Senility.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. E. Campbell M. D.

Jan 27 1935 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Cem.

DATE OF BURIAL Jan 25th 1935

20 UNDERTAKER Charles W. Dill.

ADDRESS 31 Frederick Ave

F 08861

F 08861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-D

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4707 Frankford Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby of Charles S. & Margaret E. Barber

(a) Residence No. 4707 Frankford Ave St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 hours ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-~~COLOR~~ OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write this word.): ✓

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) Jan. 22 - 1935

7-AGE ~~6 hours~~ yrs. mos. ds.

If LESS than 1 day, 6 hrs. or ..... min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS

10-NAME OF FATHER: Charles S. Barber

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Washington

12-MAIDEN NAME OF MOTHER: Margaret Edna Schuchts

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. Md.

14- (Informant): Charles S. Barber

(Address): 4707 Frankford Ave

15- Filed JAN 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Jan 22/35

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Jan 22 1935 that I last saw h~~im~~ alive on Jan 22 1935 and that death occurred, on the date stated above, at 2.15 o.

The CAUSE OF DEATH* was as follows:

Underdevelopement at Birth 6 hr

(Duration) yrs. mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B Harding M. D.

19 (Address) 4810 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Jan. 23 1935

20-UNDERTAKER: Henry Hirsch & Son Inc

ADDRESS 1301 E. Eager St

M. D. F. 1263-9

08862 HEALTH DEPARTMENT—CITY OF BALTIMORE 08862

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 2 W Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Lonnie Robinson

(a) Residence: No. 610 Cornell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME
14. BIRTHPLACE (City or town) (State or country) Unknown
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bennett Carey
(Address) 414 Oselin St

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Auburn Date 1/24, 1935

19. UNDERTAKER Isaiah Brown Low
(Address) 108 W Mont Comptroller
Huntington Pl Chandler

FILED 1/29 1935, 19..
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signature) Geo. Zeller, M. D.
(Address) 2739 Eastern Ave

M. D. P. 1268-9

F 08863

F 08863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Milton Ave. Ward) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura E. Meyer

(a) Residence: No. 413 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George Meyer

6. DATE OF BIRTH (month, day, year): Jan. 28. 1861

7. AGE: Years 73; Months 11; Days 6 23; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Charles F. Meyer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Amelia F. Meyer

(Address) 413 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Jan 24th 1935

19. UNDERTAKER: Mrs. John H. Yenkel's Son

(Address) 801 N. Fayette St

20. FILED: Jan 23 1935 Registrar

231935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 - 1934 to Jan 21 1935

I last saw her alive on Jan 20 - 1935. Death is said to have occurred on the date stated above, at 6.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis 97	1920
Cerebral Hemorrhage 123.5	Aug 1933

Other contributory causes of importance: Myocardial Insufficiency Dec 1934

Acute Cardiac Dilatation

Name of operation — Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John H. Geyer Jr. M. D.

(Address) 156 N. Milton Ave.

M. D. B. 12 F 08864

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08864

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 N.Pulaski St St., 16 Ward)

Length of residence in city or town where death occurred 71 yrs. 11 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice R.Knapp

(a) Residence: No. 631 N.Pulaski St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Knapp

6. DATE OF BIRTH (month, day, year) Feb 14 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Yealdhall

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lillian G.Williams

(Address) 631 N.Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Jan 24 1935

19. UNDERTAKER Harry H. Armacost & Son

(Address) 4204 Ridgewood Ave.

JAN 23 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5 months . 19 . to ... 19...

I last saw her alive on Jan. 20, 1935 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the ascending colon	
Other contributory causes of importance: Toxemia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Benj. D. McGlaney M. D.

(Address) 400 Payson St.

M. D. F. No. F 08865

F 08865

2947 48

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Felton

(a) Residence: No. 430 N. Central av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 7-16-98

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Peter Felton

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Esther Hilloran

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Jan 23 1935

19. UNDERTAKER Milton Dorris

(Address) 411 E Caroline St

20. FILED ..... 19... ..... Registrar.

JAN 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1935 to Jan 20 1935

I last saw him alive on Jan 20 1935. Death is said to have occurred on the date stated above, at 905 p m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Acute haemorrhagic pancreatitis	1/12/35

Other contributory causes of importance:

Exploratory laparotomy with drainage

Name of operation Lesser peritoneal cavity Date of 1/16/35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

M. D. B. F 08866 F 08866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 N Linwood Ave St., 7 Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward F. Bond

(a) Residence: No. 725 N Linwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Bond

DATE OF BIRTH (month, day, year) May 30 - 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish dealer
10. Date deceased last worked at this occupation (month and year) 40 yrs
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME of Father John Bond

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Mary Schroeder

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edington D. Bond
(Address) 920 Aron Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Am Date Jan 27. 1935

19. UNDERTAKER John Leitch
(Address) 2102 Arlington Ave

20. Filed ... 19... Registrar.

123 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1935 to Jan 20 1935. I last saw him alive on Jan 20 1935. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertonitis Hemorrhage	Jan 14. 35

Other contributory causes of importance:

Cardiac Dilation	Jan 20

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William H Grauer M. D.

(Address) 501 N Linwood Ave

M. D. P. 1268-9

F 08867

08867 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton + Wilkins St. 12 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jennie May Bowser

(a) Residence: No. 3701 Dolfield Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Paul Fattenstein

(Address) New Freedom Pa

18. BURIAL, CREMATION, OR REMOVAL New Freedom Pa Date Jan 25 1935

19. UNDERTAKER Paul Fattenstein

(Address) New Freedom, Pa.

FILED Jan 28 1935 Registrar.

31035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1935

22. I HEREBY CERTIFY, That I attended deceased from January 20 1935 to January 23 1935

I last saw her alive on January 22, 1935 Death is said to have occurred on the date stated above, at 1/20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	1-18-35
Other contributory causes of importance: Cerebro sclerosis / Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Carl B Barbe M. D.

(Address) St Agnes Hosp

M. D. B. 1268-5 F 08868

F 08868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 N. Mount st. St., 13 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Durand

(a) Residence: No. 1808 N. Mount st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jas. Durand

7. DATE OF BIRTH (month, day, year) Jan, 28, 1875

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0 11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME David Augustus

14. BIRTHPLACE (city or town) (State or country) Easton, Md.

15. MAIDEN NAME Laura Gooden

16. BIRTHPLACE (city or town) (State or country) Fredrick, Md.

17. INFORMANT Consulo D. Lee

(Address) 1808 N. Mount st.

18. BURIAL, CREMATION, OR REMOVAL Ft Cremation Cem Date 1/23 1935

19. UNDERTAKER Ferd C. Stemley

(Address) 818 Greenmount Ave.

20. FILED 1935 Jan 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 20. 1935 , 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9th '35 to Jan. 20th '35, 19

I last saw her alive on Jan. 20th, 19 '35 Death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset: Jan. 9. 1935

Other contributory causes of importance: Mitral Ins. — ?

Name of operation Physical Exam. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. R. 1268-9

F 08869

F 08869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 774 Vine St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Phillips

(a) Residence: No. 774 Vine Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sodina Phillips

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Herbert Phillips

(Address) 774 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 23, 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1934 to Jan 19, 1935

I last saw h.. alive on Jan 19, 1935. Death is said to have occurred on the date stated above, at 8:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Dec 19 1934

Other contributory causes of importance:

Coronary Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles W. Howlett M. D.

(Address) 712 E. Fayette St

F 08870

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08870

CERTIFICATE OF DEATH

1141

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Hosp. (Ward) 13

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elsie Zuccarini

(a) Residence: No. 2403 Woodbrook Rd St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James

7. DATE OF BIRTH (month, day, year): Feb 22 - 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Dentino Gibba

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME OF MOTHER:

16. BIRTHPLACE (city or town) (State or country): Italy

INFORMANT (Address): James Zuccarini 2403 W Woodbrook

BURIAL, CREMATION, OR REMOVAL

Place: Laurel Date: 1/23/35 19

UNDERTAKER (Address): Mrs. George C. Folland 16 W. Druid Hill Ave.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 21st, 1935

22. I HEREBY CERTIFY that I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to Child birth — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. C. Smith Coroner, M. D.

(Address) Coroner

H. D. B 1265-9

E 08871

8871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 12 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Sarah Duffy

(a) Residence: No. 434 E. Lorraine Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John H. Winters
(Address) 434 E. Lorraine Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan. 24, 1935

19. UNDERTAKER Martin Fahey & Sons
(Address) 1827 N. North Ave.

231935 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Fracture of left clavicle	Dec 21/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 21/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place fell down stairs and to 1st floor in home.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. F 08872

F 08872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 Poplar Grove St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Virginia Boose,

(a) Residence: No. 1337 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob E. Boose,

6. DATE OF BIRTH (month, day, year) July 12, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Jesse Uperco.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Mary Warren,

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Emma Hawes
(Address) 1337 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arcadia Md. Date JAN 25 1935

19. UNDERTAKER Robert S Sitler
(Address) 2700 Edmondson Ave

20. FILED JAN 25 1935 Thomas J. Fitzpatrick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1935, to Jan 22nd, 1935

I last saw her alive on Jan 22nd, 1935 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

Myocarditis and arteriosclerosis
Diabetes mellitus

Date of onset

Other contributory causes of importance:

senility

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 2435 Forest Park Ave

M. D. F 08873

F 08873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Walbrook Ave. 46 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jannie A. Reed

(a) Residence: No. 3015 Walbrook Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 19-1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gilbert Reed
(Address) 3015 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 23 1935

19. UNDERTAKER Robt C & E M Walters
(Address) N E cor Pratt & Tucker Sts

20. Filed JAN 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1933 to Jan. 21st 1935

I last saw her alive on Jan. 19 1935 Death is said to have occurred on the date stated above, at 2-25 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach

Date of onset

Other contributory causes of importance:

Name of operation Physical Examination Date of 1927

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm E. Greenlee M. D.

(Address) 1913 Eglew Grove Rd

M. D. P. 1268-0

F 08874

08874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 W. WEST - St. 23-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ARTHUR P DAVIS

(a) Residence: No. 13 W. WEST - St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	MARRIED

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estelle M. Davis

6. DATE OF BIRTH (month, day, year) MAY. 9-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic auto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brothers Motor Transfer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Davis

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annie P Allison

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs Estelle M. Davis
(Address) 13 W. West St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date JAN 23, 1935

19. UNDERTAKER H. B. Hubbard & Son
(Address) 1300 Eutaw Place
Huntington Williams Funeral Director

JAN 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN - 20 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/18/35, 19 to 1-20/35, 19

I last saw him alive on 1/20/35, 19. Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	History of ill 1/15/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Off work 1/17/35

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Fury, M. D.

(Address) 910 W. Lombard

Spec.—2-29-28—L. F. S.—500 Bks.

F 08875

08875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 East 36th ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Henry Schweitzer

(a) RESIDENCE NO. 908 E. 36th ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 30/1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	8	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired foundry Supt

(b) General nature of industry, business, or establishment in which employed (or employer) Iron 0086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Evansville Ind.

10 NAME OF FATHER Fred Schweitzer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Sweeney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

Informant Carl M. Leonard

(Address) 908 E 36th St

31935 Huntington W. Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23, 1935

17 I HEREBY CERTIFY, That I attended deceased from January, 1932, to Jan 23, 1935.

that I last saw h/M. alive on Jan 23, 1935

and that death occurred, on the date stated above, at 10.30 A. m.

The CAUSE OF DEATH* was as follows:

Arterio. Sclerotic Cardio-
Vascular Disease

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of —

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) F. D. Wack, M. D.

, 19 (Address) 513 East 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Chicago Ill.	January 25 19 35
20 UNDERTAKER	ADDRESS
Harry H. Simacek & Son	1420 W. Fitzgerald

M. D. B. 1268-9

08876

✓ F 08876

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 N Bond St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Wildey Glass

(a) Residence: No. 1819 N. Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Glass

6. DATE OF BIRTH (month, day, year) Nov. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Tel Co

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Phoenix Baltimore Co Md

FATHER

13. NAME Thomas Glass

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Amrilla Wilson

16. BIRTHPLACE (city or town) (State or country) Stoney Harford Co Md

17. INFORMANT Miss Maude A Glass
(Address) 319 Parkside Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Jan 24 1935

19. UNDERTAKER Thomas W. Singleton
(Address) Baltimore Md

Filed ..... 19..... Registrar.

231935

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2[illegible] 1934 to Jan 22 1935.

I last saw him alive on Jan 21 1935. Death is said to have occurred on the date stated above, at 2-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr
Other contributory causes of importance:	
Acute Dilatation of Heart	1 hr

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E Gill Veale M. D.

(Address) 1081 E North Ave

H. D. B. 1208-9

✓ F 08877

08877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Ellison

(a) Residence: No. 1220-7th St. N.W. St., Washington D.C Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena —

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Furniture Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rug

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0025

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs. M. Rosin (Daughter)

(Address) 3619 Reistertown Road

18. BURIAL, CREMATION, OR REMOVAL

Place Washington, D.C. Date 1-23- 1935

19. UNDERTAKER: Pate Harris Inc

(Address) 1439 E. Balto. St

1-23 1935 Washington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1935 to 1-22 1935

I last saw him alive on 1-22 1935. Death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Carcinoma Bladder	

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul E Carlin M. D.

(Address) Sinai Hosp

M. D. B. 1268-9

✓ F 08878

08878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Barclay St. St., 12 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Betts

(a) Residence: No. 2100 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Oarren Betts

6. DATE OF BIRTH (month, day, year) Jan. 23, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	76	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Thomas Phillips

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Eliza Ramsay

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Evelyn Wylie
(Address) Green Hall Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemy. Date 1/24/35, 19..

19. UNDERTAKER John C. Mitchell Sons
(Address) 1900 Eutaw Place

23 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1935, to Jan 22, 1935

I last saw her alive on Jan 22, 1935. Death is said to have occurred on the date stated above, at 11 2 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Occlusion — Date of onset: Instant

Other contributory causes of importance:

1 Pyelitis — Date of onset: 2.

Chronic nephritis — Date of onset: 3.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John A. Luetscher, M. D.

(Address) 12 E. Eager St.

M. D. B. 1268-9

F 08879

08879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5251 N. Belnord St., 7 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Barbara Matocka

(a) Residence: No. 5251 N Belnord St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced (or) WIFE of John Matocka

6. DATE OF BIRTH (month, day, year) Dec 12-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME James Cech

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT John Matocka
(Address) 5251 N Belnord

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Jan 26 1935

19. UNDERTAKER Albert W. Berry
(Address) 1430 E Madison St

20. Filed ... 19... Registrar.

231935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 22 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 4 1934 to Jan 22 1935

I last saw her alive on Jan 21 1935 Death is said to have occurred on the date stated above, at 1:14 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Infections of Ulcers	2 yrs

Other contributory causes of importance:

Impoverishment	1 yr

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Edward Leoof M. D.

(Address) 413 N Grossington

M. D. B. 1268-9

F 08880

08880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1517 Division St., 7 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME G. G. Carter

(a) Residence: No. 5414 Densmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT George Grant (Brother)
(Address) Morgan College

18. BURIAL, CREMATION, OR REMOVAL
Place Parkersburg W. Va. 1-24 1935

19. UNDERTAKER Robert L. Young
(Address) 864 N. Carolina St

20. FILED Huntington W. Va. 1-24-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-25, 1934 to 1-23, 1935

I last saw her alive on 1-23, 1935 Death is said to have occurred on the date stated above, at 605A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Abscess (a)	5 243
Leucocytosis Gangrene	
Other contributory causes of importance:	
Rt. Lobar Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Jno. R. Carter M. D.

(Address) Provident Hosp

3 1935

M. D. B 1268-9

F 08881

8881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-8

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5207 Reisterstown Rd. St., 27 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Kane

(a) Residence: No. 5207 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26-1880.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arlington Hotel 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Malachi Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Ct. Maryland

17. INFORMANT Mrs. Mary Bannon (sister)
(Address) 2814 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Govans Date 1/25 19 35

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Jan 22 1935
Other contributory causes of importance:	
None	

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) John L. Valentine M. D.
Coroner

(Address) 16 South Broadway

M. D. B 1268-B

F-08882

HEALTH DEPARTMENT—CITY OF BALTIMORE

8882

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1562 Clifton Ave. St., 13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Herkenhine

(a) Residence: No. 1562 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 8-1879.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper 0059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John A. Herkenhine

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Kress

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary F. Staab
(Address) 1906 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 24 '35 19..

19. UNDERTAKER William Cook
(Address) 417 St Paul Street

FILED 1-31 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22 , 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan. 20 1935.
Other contributory causes of importance:	
Chronic Myo-Carditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jeff L. Valentine, M. D. Coroner

(Address) 16 South Broadway

M. D. P. 1268-9

08883

HEALTH DEPARTMENT—CITY OF BALTIMORE

08883

CERTIFICATE OF DEATH

96

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lester Merriken

(a) Residence: No. 4833 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. May Co store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Harry Merriken Jr

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Cora V Ellingsworth

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry Merriken

(Address) 4833 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1/25 1935

19. UNDERTAKER Leishman Cook

(Address) 127 St Paul St

1-23-1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1934 to Jan 23 1935

I last saw him alive on 1-20 1935 Death is said to have occurred on the date stated above, at 5 AM.

The principal cause of death and related causes of importance were as follows:

Rheumatic fever
Subacute Bacterial Endocarditis
Embolism of Cerebral Arteries

Date of onset

Other contributory causes of importance:

Bronchial pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Adams M. D.

(Address) University Hospital

M. D. P. 1268-9

F 08884

08884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hortense Stewart

(a) Residence: No. 5009 Beaufort ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James F Stewart

7. DATE OF BIRTH (month, day, year): Aug 17- 1857

8. AGE: Years 77 | Months 5 | Days 5 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc: none 0037

11. Total time (years) spent in this occupation 50

10. Date deceased last worked at this occupation (month and year): 1/5/35

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Edgar E Rhodes

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Charlotte Norris

16. BIRTHPLACE (city or town) (State or country): Lancaster Co Va

17. INFORMANT: Wm E Rhodes

(Address): 5009 Beaufort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 1/25 '35

19. UNDERTAKER: Wellman Cook

(Address): 1217 E Fayette St

1-23-1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-22-, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1935, to January 22, 1935

I last saw her alive on January 22, 1935 Death is said to have occurred on the date stated above, at 5 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma pulmonum with Metastasis	1922
Bronchopneumonia	1-17-35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph F Healy M. D.

(Address) St Agnes Hospital

D. P. 1268-0

F 08885

8885

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) W. Balto Hosp St. 70 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna Beyer
(a) Residence: No. 220 S. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Widow
6. If married, widowed or divorced, HUSBAND of (or) WIFE of John Beyer Mar 3-1865
7. DATE OF BIRTH (month, day, year)
AGE Years 79 Months 10 Days 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME of Father John Beyer
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME of Mother Gerner
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Edgar Beyer
(Address) 220 S. Smallwood
18. BURIAL, CREMATION, OR REMOVAL
Place St Paul Cemetery Date Jan 25 1935
19. UNDERTAKER J. S. Jardens & Son
(Address) 217 S. Paca St
20. FILED Jan 28 1935 Thos. J. Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1935
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows: Chronic Endocarditis Sudden
Other contributory causes of importance: Fracture Left Femur Jan 14
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (violence) state whether it was also the following: Accident, suicide or homicide? Accident Date of injury Jan 14 1935
Where did injury occur? 220 S. Smallwood
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury Fall down stairs
Nature of injury Fracture Femur
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) F. Belfiglio M. D.
Coroner
(Address)

3 1935

M. D. R. 1935 F 08886

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08886

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 722 N. Eutaw St., 11-2 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Dixon

(a) Residence: No. 722 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Daniel Brooks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Simms

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Scott
(Address) 7228 N. Eutaw

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 24 1935

19. UNDERTAKER Wm R. A. Leuth
(Address) 1129 E. Fayette

20. FILED JAN 24 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1934 to Jan 21 1935

I last saw h[illegible] alive on Jan 20 1935 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage with R. hemiplegia	12/21/34

Other contributory causes of importance:
Varicose Ulcer of L. leg of several years duration

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 1211 W. Monument

M. D. B 12[illegible] F 08887

F 08887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2306 Druid Hill Ave. St., 13 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Boone

(a) Residence: No. 2306 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Geo. Ct. Maryland.

FATHER

13. NAME Edward William

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Martha --

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katie Florence
(Address) 2306 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place State Mark Md Date Jan 25 19 35

19. UNDERTAKER James Lodge
(Address) 1422 Druid Hill Ave

FILED Jan 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at 12.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 21 1935.
Other contributory causes of importance:	
Chronic Hemiplegia.	

Name of operation ... Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Jos. L. Walker M. D.
Coroner

(Address) 16 South Broadway

M. D. B. 1268 F 08888 F 08888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Home for Aged of M.E. Church Registered No.

CITY OF BALTIMORE: (No. 2211 Rogers Ave. 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Lee

(a) Residence: No. 2211 Rogers Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Nelson Lee

7. DATE OF BIRTH (month, day, year) Jan 9th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aged Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Ephraim Pearce
14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Mary Tours
16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Etta Cuddy
(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 24th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Jany 22 1935
I last saw h[illegible] alive on January 22/35 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Myocarditis

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Thomson M. D.
1/24, 35 (Address) 700 Fulton Ave.

M. D. B. 1263-9 F 08889

F 08889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 92-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1419 N. Bentalou St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred X yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Viel

(a) Residence: No. Millersville St. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word): Married

3a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Conrad Viel

6. DATE OF BIRTH (month, day, year): Aug 28th 1854

7. AGE: Years 75 | Months 4 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked this occupation (month and year): Jan 1935

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Peter Kaus

14. BIRTHPLACE (city or town) (State or country): Germany

~~Maiden~~ 15. MAIDEN NAME: Schaineburger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Conrad Viel

(Address) Millersville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Jan 24th 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1925 to 1-21 1935

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial insufficiency

Chr valvular disease

Other contributory causes of importance:

Heart failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Goldberg, M. D.

(Address) 2210 Bentalou

M. D. H. 2683

F 08890 Burk. F 08890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 117-B

CITY OF BALTIMORE: (No. Milton P. Burke St., 26 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~William Burke~~

(a) Residence: No. Franklinville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Louise Burk

6. DATE OF BIRTH (month, day, year) June 10, 1903

7. AGE: Years 31 | Months 7 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Farmer~~ Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm (Gov. Employee)

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Burk

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Gordon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Frankelinville Cem. Date Jan. 27, 1935

19. UNDERTAKER Fred J. Lovedahl & Son

(Address) 2401 Greenmount Ave

20. FILED ~~JAN 24 1935~~ 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1935 to Jan 23, 1935

I last saw him alive on Jan 23, 1935 Death is said to have occurred on the date stated above, 5:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer, Duodenal	1931
(Gen. Peritonitis)	
Other contributory causes of importance:	
Bron. Pneumonia	1/20/35
Exfoliative Dermatitis	1/22/35
Bronchitis-Chronic	?
Name of operation Gastro-Enterostomy	1/18/35
What test confirmed diagnosis? Oper. Was there an autopsy? Yes	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Ford M.D.

(Address) Balto City Hospitals

Spec.—2-29-28. L. F. 5. 500 Bl.

F 08891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08891

CERTIFICATE OF DEATH

×26

1—PLACE OF DEATH Childrens Hospital School REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Bernard Simon

(a) RESIDENCE NO. Stemmers Run ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 29, 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	11	29	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER August Simon

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Shandara

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mother Mary Shafer

(Address) Stemmers Run Road.

Filed JAN 24 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 21, 1935

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1930, to Jan 21, 1935, that I last saw h[illegible] alive on Jan 21, 1935, and that death occurred, on the date stated above, at 10 50 P m.

The CAUSE OF DEATH* was as follows:

Tuberculous meningitis

(doration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Tuberculosis of spine and lung (duration) 4 yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? Clinical Tuberculosis

Did an operation precede death? yes Date of Oct 24, 1934

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. C. Eaton, M. D.

, 19 (Address) 4 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loreland Memorial Park

DATE OF BURIAL Jan. 25 1935

20 UNDERTAKER Frederick Lassahn Sons

ADDRESS 9401 Belair Rd

M. D. B. 1208-9 F 08892 F 08892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Newlin

(a) Residence: No. 4107 Parkwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-18-1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Martin C.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine M. Enchart

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Martin J. Newlin
(Address) 4104 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 25 1935

19. UNDERTAKER Leonard J. Finck
(Address) 5720 Harford Ave

20. FILED Jan 25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1937 to Jan 23 1935

I last saw him alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 5:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction due to abdominal adhesions	1/19/35
Other contributory causes of importance: Shock	1/23/35

Name of operation Breaking adhesions Date of 1/22/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. M. Wilder M. D.

(Address) West Balto. Gen. Hosp.

M. D. B. 1899 F 08893 F 08893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 N Caroline St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgie Etta Taylor

(a) Residence: No. 902 N Caroline St St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

6a. If married, widowed, or divorced (or) WIFE of William Taylor

6. DATE OF BIRTH (month, day, year) Feb 13 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Colemans

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Josie Barnes

(Address) 902 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Cemetery 1-24-35 19

19. UNDERTAKER Robert L Young

(Address) 804 N. Caroline St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935, to Jan 21, 1935

I last saw her alive on Jan 20, 1935. Death is said to have occurred on the date stated above, at 9.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Jan 18 1935
Other contributory causes of importance: La Grippe	Jan 12 1935

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R J Young M. D.

(Address) 1429 E Lombard St

M. D. P. 12-29 F 08894 F 08894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 48

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E. Hopwood

(a) Residence: No. 1107 W. 40th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or race white | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hopwood

6. DATE OF BIRTH (month, day, year) Sept 3 1894

7. AGE — Years 35 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME August Engelhardt
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Jany 27 35

19. UNDERTAKER Wm J. Rheinhardt & Sons
(Address) North & Penna Ave

20. FILED ... 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1934 to Jan 22 1935
I last saw h[illegible] alive on Jan 22 1935 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Uteri — Date of onset Unknown

Other contributory causes of importance: Bronchio-pneumonia 3 ds

Name of operation None Date of ...

What test confirmed diagnosis? Biopsy Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. (Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lowell S. Goss M.D.

(Address) Mills Obstetrical Hospital

M. D. P. 126 F 08895 F 08895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 603 Cathedral St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Blackwell Hansell

(a) Residence: No. 603 Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
~~WIFE~~ HUSBAND of Emily Lawrence Foss Hansell

6. DATE OF BIRTH (month, day, year) November 7 1853

7. AGE: Years 81 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg Construction
10. Date deceased last worked at this occupation (month and year) May 1918
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) England

FATHER
13. NAME Richard Hansell
14. BIRTHPLACE (city or town) (State or country) England

MOTHER
15. MAIDEN NAME Mary Louisa Blackwell
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Muriel Frank
(Address) 603 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan 25 1935

19. UNDERTAKER J. J. Tickner & Sons
(Address) 4011 Fourth Ave

20. FILED Jan 25 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Jan 22, 1935. That I last saw h[illegible] alive on Jan 22, 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	[illegible]
Other contributory causes of importance: chr. myocarditis substitution	long standing

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: (Accident, suicide, or homicide?) no Date of injury ..... 19..

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathaniel M. Beck M. D.

(Address) 100 E. 23rd St Baltimore

M. D. P. 1768-5 F 08896 Haggett F 08896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Carrollton Ave St., 16 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Haggett

(a) Residence: No. 1107 Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estelle Haggett

6. DATE OF BIRTH (month, day, year) Nov 29 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 010

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mary Carnegie Co.

10. Date deceased last worked at this occupation (month and year) 25 years

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Newbern N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Estelle Haggett
(Address) 1107 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 1/26, 1925

19. UNDERTAKER Frances A. Stemley
(Address) 527 N. Biddle St.

20. FILED 1/26, 1925 Fitz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1925

22. I HEREBY CERTIFY, That I attended deceased from 12-16-, 1924, to 1-22-, 1925

I last saw him alive on 1-22-, 1925. Death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 1-8-25

Other contributory causes of importance:
(Arterio Sclerosis and hypertension) — Duration

Name of operation None Date of
Was there an autopsy? No
What test confirmed diagnosis? Fatal termination

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Saunders, M. D.
(Address)

M. D. B. Form 8-9 F 08897 Bowen F 08897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH 743 Bradley St. 17

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Bowen

(a) Residence: No. 743 Bradley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1884

7. AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: Thomas Robinson
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Margaret Arthur
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Priscilla Butler
(Address) 743 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1/27/, 1935

19. UNDERTAKER: Frances A Hendley
(Address) 528 W. Biddle St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Jan 23, 1935.

I last saw h[illegible] alive on Jan 23, 1935. Death is said to have occurred on the date stated above at 955 AM

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis — Date of onset

Other contributory causes of importance:

Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Thompson M. D.

(Address) 501 Arlington Ave

M. D. B. 1938 F 08898

F 08898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1864

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 E. 30th. St. St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Saulsbury Audoun

(a) Residence: No. 300 E. 30th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred. P. Audoun

6. DATE OF BIRTH (month, day, year) Jan. 23, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Good

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew J. Saulsbury

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia A. Davids

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Julia Audoun

(Address) 300 E. 30th. St.

18. BURIAL, CREMATION, OR REMOVAL Cemetary

Place ~~Greenmount~~ Cemetery Date 1/24/35 19

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

Registered ~~this~~ day of ~~1935~~ 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/35 19

22. I HEREBY CERTIFY, That I attended deceased from ~~Aug~~ Aug. 1934 to Jan 22 1935

I last saw h~~er~~ alive on Jan 21 1935 Death is said to have occurred on the date stated above, at 11 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Gr Uritis	
(Coroner) Pneumonia	
Other contributory causes of importance: Fracture of hip Pulmonary congestion	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, Suicide, or Homicide? Accident Date of injury Jan 16 1935

Where did injury occur? 300 E 30th St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall walking across Room

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, ~~state~~

(Signed) Chas J Bloke M. D.

(Address) 20 E. Preston St.

F 08899

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08899

CERTIFICATE OF DEATH.

82a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 609 Collett St. 15 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Edward Samuel Hackett

(a) RESIDENCE NO. 609 Collett St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colordd	Widowed

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of Industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Edward Hackett

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Howard Co. Md.

12 MAIDEN NAME OF MOTHER Janie Johnson

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore, Md

14 Informant (Address) Jessie Calvert Mother 609 Collett St

15 Filed JAN 24 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan. 21, 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan. 19. 1935, 19, to Jan. 21, 1935, 19,

that I last saw him alive on Jan. 21, 1935, 19,

and that death occurred, on the date stated above, at 1: P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy! No

What test confirmed diagnosis! Physical exam

(Signed) Ernest E. Melton, M. D.

, 19 (Address) 2029 Pa. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery Date of Burial: Jan 25 1935

20 UNDERTAKER: V. A Brooks ADDRESS: 1463 W. Carey St

F 08900

F 08900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510-14 N. Gilmor St., 13 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Kent

(a) Residence: No. 1606 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Kent

6. DATE OF BIRTH (month, day, year) 9/15/84

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
00	50	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

FATHER

13. NAME Henry Kent

14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

MOTHER

15. MAIDEN NAME Esther Knapp

16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

17. INFORMANT Samuel Kent (Colored)
(Address) 1606 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 24 1935

19. UNDERTAKER C. G. Brooks
(Address) 1423 N. Carey St

20. FILED 1935 Registrar.

JAN 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/3 1935 to 1/21 1935

I last saw h~~im~~ alive on 1/21 1935 Death is said to have occurred on the date stated above, at 6⁰⁰ A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis valvulitis	6 mo 6 mos
Other contributory causes of importance:	
Hypertension	1 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wilson C. Johnson M. D.

(Address) 1422 Baker St

F 08901 F 08901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Concetta (Monte) Sanfilippo

(a) Residence: No. 903 W. Barre St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married Sanfilippo

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph (Monte) Sanfilippo

6. DATE OF BIRTH (month, day, year) 1864?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 70?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT (Address) husband above address.

18. BURIAL, CREMATION, OR REMOVAL Cemetery

Place Mont Cathedrale Date 1/25/35. 19

19. UNDERTAKER Chas. B. Rauchfuss & Sons

(Address) 697 S. Paca St.

F 08901 1935 Registered No. 82-a

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/19 . 1935 to 1/22 . 1935

I last saw her alive on 1/21 . 1935 Death is said to have occurred on the date stated above, at 5:35 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage ?
Arteriosclerosis.

Date of onset ? ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

M. D. B. 1203-F 08902 F 08902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182a

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 E. 35th St., 9 Ward)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Emma W. Moore

(a) Residence: No. 515 E. 35th St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
(Male)	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cornelia B. Moore

6. DATE OF BIRTH (month, day, year) Aug 6 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	87	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1862

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Night Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford Conn.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Agnes E. Crane

(Address) 515 E 35th St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan. 24. 1935

19. UNDERTAKER John J Deering

(Address) 715 Light St

20. FILED ____ 19__ ____ Registrar.

JAN 24 1935 3 P.M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1935, to Jan 22nd, 1935

I last saw him alive on Jan 22, 1935. Death is said to have occurred on the date stated above, at 12 27 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 20/35

Other contributory causes of importance:

Senile Debility

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Wm. Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

M. D. B. 1268 F 08903 F 08903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 S. Linwood Ave. St. 1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Magdalene Schiavone

(a) Residence: No. 501 S. Linwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Pasquale Schiavone

6. DATE OF BIRTH (month, day, year) Oct 8, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0037

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Cascalenda Italy

FATHER

13. NAME Giuseppe Juliano

14. BIRTHPLACE (city or town) (State or country) Cascalenda Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT M. J. Schiavone (Address) 705 Edgewood Rd.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 1/25 35

19. UNDERTAKER Wendell J. Siffel (Address) 300 S. Eden St

20. FILED 1/24 1935 By H. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 10:00 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. P. Nevin M. D. M. D.

(Address) 1205 N. Patterson Park Ave.

H. D. B. 1268-9 F 08904 F 08904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34d

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. Balto St., 7th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franken J. Taylor. (Goralski)

(a) Residence: No. 304 W. Camden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Josephine Taylor

6. DATE OF BIRTH (month, day, year) April 14/1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 304 W. Camden st

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Laurence Goralski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Josephine Goralski
(Address) 304 W Camden street

18. BURIAL, CREMATION, OR REMOVAL.
Place St. Stanislaus Date January 26, 1935

19. UNDERTAKER George A Weber
(Address) 705 S Ann street

20. FILED ... 19... ... Registrar.

JAN 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934 to Jan 23, 1935

I last saw him alive on Jan 20, 1935 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	25 yrs
Luetic aortic insufficiency	5 yrs.
Cardiac Decompensation	18 mo

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ... 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None.

Manner of injury None.

Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? —

No. If so, specify

(Signed) D. D. Eagles. M. D.

(Address) Univ. Hosp. City.

M. D. F. 08-9 F 08905 Lena Dickman ✓ F 08905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Dickman

(a) Residence: No. 3 S Exeter St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fielding

6. DATE OF BIRTH (month, day, year) 1865 unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 8031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Abrams

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rena Hamster

(Address) 21 Exeter

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Rosedale Date Jan 24 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1172 E Balto st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rat Poison	
Accident	
which contains Corrosive Arsenic	
Other contributory causes of importance:	
Took in mistaken for Epsom Salts	

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ... 19...

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Taken orally

Nature of injury Arsenic

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) James M Fenton M. D. Coroner

(Address) 700 E Chase

M. D. B. 1268-9

F 08906

F 08906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jewell Moore

(a) Residence: No. Old Frederick Rd Ellicott City X Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 1, 1931

7. AGE: Years 3; Months 1; Days 22; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John A. Moore

14. BIRTHPLACE (city or town) (State or country): U. S. A.

MOTHER

15. MAIDEN NAME: Fay Mitchell

16. BIRTHPLACE (city or town) (State or country): U. S.

17. INFORMANT: Hosp Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mother Cem. Place ..... Date 1-24-35

19. UNDERTAKER: E. Easton Sons

(Address) Ellicott City

20. FILED 1-24-1935, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1935, to Jan 23rd, 1935

I last saw her alive on Jan 23rd, 1935 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever

Acute myocarditis

Date of onset 1/4/35

Other contributory causes of importance:

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel E. Rogers M. D.

(Address) Sydenham Hospital

M. D. B. 1268-2

F 08907

8907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Jenkins St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rufus Jones

(a) Residence: No. 1013 Jenkins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: Col

5. Single, Married, Widowed, or Divorced (write word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1872

7. AGE: Years 63 / 62; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer General

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Simon Jones

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Lucille Elliott

(Address): 712 Robert St Pittsburgh

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Zion Cemetery Jan 26 1935

19. UNDERTAKER: Adolphus Halstead

(Address): 5-20 Edmondson Ave

20. FILED: JAN 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 20 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation: Regular Date of .....

What test confirmed diagnosis: ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. E. Link M. D.
Coroner

(Address) Coroner

M. D. F. 1268-9

E 08908

08908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Leinadale

CITY OF BALTIMORE: (No.) Feb Home for aged St. (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Benjamin Kolker

(a) Residence: No. Beloedere & Greenspring Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lato Rebecca

6. DATE OF BIRTH (month, day, year) 1855

7. AGE: Years 80 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Benjamin Kolker

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yetta

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Sig Embhalt Beloedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Henry Run Date Jan 24 1935

19. UNDERTAKER (Address) Hol Levinson & Bros 1127 E Balto st Huntington Williams & Co

JAN 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-15 1935 to 1-24 1935

I last saw h[illegible] alive on 1-24 1935 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Arterio sclerosis
Emphysema
Chr. Cond. Valvular disease

Date of onset

Other contributory causes of importance:

Senile Asthma
Chr. Bronchitis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Simmons Kerr, M. D.

(Address) Leinadale

AaCo. S-[illegible] 08909 Honduras ✓ F 08909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121 Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square St., 18 Ward)
Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Miss Anna Nemura
(a) Residence: No. 805 Valkins St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1914

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
16			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME John Nemuras
14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER
15. MAIDEN NAME Julia Jeskasky
16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs. J. Nemuras
(Address) 805 N. Valkins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 24 1935

19. UNDERTAKER John H. Hughes
(Address) 423 S. Bond St.

20. FILED ....1935 ....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-22-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1935, to 1-22, 1935
I last saw he alive on 1-22, 1935 death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute appendicitis	1-17-35
Other contributory causes of importance: Paralytic Ileus	1-18-35

Name of operation Appendectomy Date of 1-11-35
What test, confirmed diagnosis Clinically Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) John L. VanMetre M. D.
(Address) Franklin & Fulton Aves

M. D. B. 1200-A F 08910

F 08910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 27 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent Zuraitis

(a) Residence: No. 219 S Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter Bludzus
(Address) 426 S. Conden St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date Jan 25 1935

19. UNDERTAKER John Grabauskas
(Address) 425 S. Paca St

20. FILED ..., 19... Registrar.

JAN 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull accidental	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
(Accident, suicide, or homicide?) Acc Date of injury 1/21, 1935

Where did injury occur? 219 S Eutaw
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped on ice & fell

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B O Herzog M. D. Coroner

(Address) 1305 N Patterson Park

M. D. P. 1268-9 F 08911 ✓ F 08911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 E. Hoffman St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Reed Sr.

(a) Residence: No. 2005 E. Hoffman St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of / WIFE of: Husband: Minnie Reed

6. DATE OF BIRTH (month, day, year) Dec. 27. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do not know. 1062

10. Date deceased last worked at this occupation (month and year) 4 yrs

11. Total time (years) spent in this occupation 24 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Evans Reed

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edward E. Reed. Jr.
(Address) 2005 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 1/25/ 1930

19. UNDERTAKER Howard N. Bloxhet Jr.
(Address) 1418 N. Gay St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22. 1930

22. I HEREBY CERTIFY, That I attended deceased from Jan 16. 1930 to Jan 22. 1930

I last saw h[illegible] alive on Jan 22. 1930 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage
6 months ago.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jacob Frank M. D.

(Address) 1823 N. Rose St

M. D. B 1265-9

F 08912

08912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jaemes Powell

(a) Residence: No. 1426 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12 34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Powell

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Sarah Green

16. BIRTHPLACE (city or town) (State or country) Near Windsor, N. C.

17. INFORMANT Luther Green (Uncle)
(Address) 35 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Jan 22 1935

19. UNDERTAKER ...
(Address) 1513 McElroy St

Filed ... Registrar.

24 1935

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Jan 20. 35. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at before 4.30 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	3 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. McCann M. D.
Coroner

(Address) 506 E. Fayette St.

M. D. P. 1268-9

✓ F 08913

HEALTH DEPARTMENT—CITY OF BALTIMORE

08913

CERTIFICATE OF DEATH 114-B

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7 St., 5 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Dixon Thompson

(a) Residence: No. 1110 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of: Charles Wilson (Common Law)
6. DATE OF BIRTH (month, day, year): March 25 1905
7. AGE: Years 29; Months 4; Days 25; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER
13. NAME: Levi Lee
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Nannie Johnson
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Jan 25 1935

19. UNDERTAKER: Robert T. Williams
(Address): 151 S. Fitzhugh St

20. FILED Jan 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1935 to Jan 19 1935. I last saw her alive on Jan 19 1935. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes if any, were as follows:

	Interval between onset and death
Abscess, Lung, acute Right	2 dys 1934
Other contributory causes of importance: Pulmonary Edema	1 hr 1935

Name of operation: Thoracotomy Date of: 1/19/35
What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel A. Lord M.D.
(Address) Bello City Hospitals

M. D. F. 1268-7

F 08914

08914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Martin

(a) Residence: No. 10 W. Hill St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	[illegible]

5a. If married, widowed, or divorced (or) WIFE of Charles Martin

6. DATE OF BIRTH (month, day, year) 1913 Mar 25

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hsf. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George Weems

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ethel Cawthorn

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedarcroft Mem Date Jan 26, 1935

19. UNDERTAKER Fred. A. Meaux & Son

(Address) 703-5 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-15-34, 19 ... to 1-23-35, 19 ...

I last saw her alive on 1-24-34, 19 ... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Septicemia — probably from typhoid fever.

Date of onset

Other contributory causes of importance:

Post-operative Pelvic operation.

Name of operation Salpingectomy Date of operation

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. N. Taylor M. D.

(Address) SBG Ft.

M. D. H. 1268-9

F 08915

08915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tbc) 5 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Delgado

(a) Residence: No. 238 Colvin st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Brazil

FATHER

13. NAME Anthony Delgado

14. BIRTHPLACE (city or town) (State or country) Brazil

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Brazil

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL Jany 24
Place [illegible] Date 1935, 19

19. UNDERTAKER F. J. Fraley & Son
(Address) 1318 Light St

20. FILED 24 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1934 to January 15, 1935

I last saw him alive on January 15, 1935 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 ....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Myer M Jacobson M. D.
(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 08916

8916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals 107-a

CITY OF BALTIMORE: (No. Balto Md St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos Hess

(a) Residence: No. 20 Harrison St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records City Hospt.
(Address) Balto City Hospt.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date 1/24 35

19. UNDERTAKER J. J. Fahey Son
(Address) 1215 Light St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-15- 1934 to 1-20 1935

I last saw h[illegible] alive on 1-20 1935 Death is said to have occurred on the date stated above, at 5-P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2 weeks

Other contributory causes of importance:

Senility	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harry Redmond M. D.

(Address) Balto City Hospitals

08917 ✓ F 08917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-a

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4316 Roland Ave St. 27 Ward)

Length of residence in city or town where death occurred 7 yrs. 6 mos. 0 dys. How long in U. S. If of foreign birth? yrs. mos. ds.

78-2-2

2. FULL NAME Andrew Wilton Steiger

(a) Residence: No. 4316 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte A Steiger

6. DATE OF BIRTH (month, day, year) Nov 24 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Inventor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) about 1930

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME William T. Steiger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Hannah VanPatten

16. BIRTHPLACE (city or town) (State or country) Schenectady New York

17. INFORMANT Mrs Charlotte A Steiger (wife)
(Address) 4316 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Simsbury Conn Date Jan 24 1935

19. UNDERTAKER Howard M Konzelmann Co.
(Address) 108 W North Ave.

24 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1934 to Jan 23 1935

last saw h(im) alive on Jan 21 1935. Death is said to have occurred on the date stated above, at 5:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx	Feb 1933.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Howard Hicks Hatsbury M. D.

(Address) Medical Arts Bldg

M. D. F 1268-9

08918 ✓ F 08918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Grandy.

(a)-Residence: No. 2501 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Grandy.

6. DATE OF BIRTH (month, day, year) 1/28/1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina.

FATHER

13. NAME James Grandy.

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Harriet Duke

16. BIRTHPLACE (city or town) (State or country) N. Carolina.

17. INFORMANT wife (Address) above address.

18. BURIAL, CREMATION, OR REMOVAL Place Elizabeth City, North Carolina Date Jan 24 1935

19. UNDERTAKER Elroy P. Wilson (Address) 1000 Brantley Ave

24 JAN 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/22, 1934 to 1/20, 1935

I last saw him alive on 1/20, 1935 Death is said to have occurred on the date stated above, at 9 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & congestive failure.	2 mo.?
	0

Other contributory causes of importance:

Cerebral hemorrhage Left.	5 wks.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reiter, M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

08919

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 08919

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rennert Hotel St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 40 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Allan H. Snowden

(a) Residence: No. Chestnut Hill Pa St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L Snowden

6. DATE OF BIRTH (month, day, year) Sept 5 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wilton Snowden

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Adele Vail

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wilton Snowden (Address) 2 E 33rd st

18. BURIAL, CREMATION, OR REMOVAL Place Philadelphia Pa Date Jan 24 1935

19. UNDERTAKER Henry W Erskine Inc (Address) 1700 Chestnut St Philadelphia Pa

20. FILED JAN 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1935 to Jan 24 1935

That I saw him alive on Jan 23 1935. Death is said to have occurred on the date stated above, at ..... A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute alcoholism	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. B. Jarrett M. D.

(Address) 1101 E St. Pauls St

M. D. B. 1268-9

✓ F 08920

08920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 E 33rd St., 9 Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Weber

(a) Residence: No. 712 E 33rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: August C Weber

6. DATE OF BIRTH (month, day, year): Mar 15 - 1866

7. AGE: Years 68 | Months 10 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Wm Kosleff
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Krause
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wm H. R MacKay
(Address) 712 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Am Date: Jan 27 1935

19. UNDERTAKER: John Wm Leib & Sons
(Address) 1 E. Lafayette Ave

20. FILED: 241935 Jan 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935 to Jan 22, 1935. I last saw her alive on Jan 22, 1935. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes & Infirmities — Date of onset

Other contributory causes of importance:

Diabetes

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) D C Carman, M. D.

(Address) 1701 N Carlin Pl

M. D. B. 1268-9

(Kumbekow) ✓ 08921

HEALTH DEPARTMENT—CITY OF BALTIMORE

08921

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E Fayette St., 6 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Kumbekow

(a) Residence: No. 1815 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/19/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Herman Kumbekow

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Pusch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Kumbekow

(Address) 1815 E Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Jan 26, 1935

19. UNDERTAKER John Uebrick

(Address) 2100 Orleans

Huntington Fillmore (Signature of Registrar)

24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1934 to Jan 23, 1935

I last saw her alive on 1/20, 1935 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other contributory causes of importance: Acute Bronchitis	Jan

Name of operation None Date of —

What test confirmed diagnosis Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X If so, specify

(Signed) Harry Weiss M. D.

(Address) 1340 Cherlew

M. D. R. 1268-9

08922 F 08922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 E 28th St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Margaret Vogel

(a) Residence: No. 1915 E 28th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Geo A Vogel

6. DATE OF BIRTH (month, day, year) Dec 24, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Frederick Reuter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Herring

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Margaret Vogel

(Address) 1915 E 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 25 1934

19. UNDERTAKER John McCurdy

(Address) 2008 Eutaw

20. FILED Jan 25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1933 to Jan 22 1934.

I last saw her alive on Jan 15 1934. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertensive Cardio Vascular Renal Disease 1929

Other contributory causes of importance:

Cerebral Hemorrhage Jan 22 1934

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No x

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas W Edwards, M. D.

(Address) 2276 Maunsby Blvd

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-25 F 08923 F 08923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N. Montford ave ST., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lucia Scollo

(a) RESIDENCE NO. 820 N. Montford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 years How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatore Scollo

6 DATE OF BIRTH (month, day, and year) April 16-1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	61	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Salvatore Chiaramita

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosa Greco

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Josephine Bartera

(Address) 820 N. Montford ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 23-1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935, to Jan 23, 1935

that I last saw h[illegible] alive on Jan 22, 1935

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Chronic valvular Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S Di Stefano M. D.

Jan 24, 1935 (Address) 407 S. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL Jan 25 1935

20 UNDERTAKER George Ruth Jr.

ADDRESS 1935 Montford ave

F 8924

M. D. B. 124-2

F 8924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto Hosp St., 25 (Ward)

Length of residence in city or town where death occurred (Yrs.) ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franklin E. Harthausen

(a) Residence: No. 2120 Maisel St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 6 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Thos. Harthausen

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura Hessun

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thos Harthausen

(Address) 2120 Maisel

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 5 1935

19. UNDERTAKER Edward Ferguson

(Address) 2319 Wash Blvd

20. FILED ... Registrar.

JAN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... Gregory ... 19 ... I last saw h. alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	7 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. D. Leuck M. D.

Coroner

(Address) Coroner

M. D. B. 1268 F 08925 F 08925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5114 Ardmore Way St., 27 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles H Stine

(a) Residence: No. 5114 Ardmore Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna K Lyne Stine

6. DATE OF BIRTH (month, day, year): Mar 30 1875

7. AGE: Years 59 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Lt Motor Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Service Co 005th
10. Date deceased last worked at this occupation (month and year): Aug 1934
11. Total time (years) spent in this occupation: 34

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Frederick Stine
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Cornelia Striffler
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Anna K Stine
(Address): 5114 Ardmore Way

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 1/26 '35

19. UNDERTAKER: J M Cole
(Address): 1210 W Fayette St

20. FILED JAN 26 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to Jan 24 1935

I last saw him alive on Jan 22 1935 Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. E. Smith M. D.

(Address) 910 Eutaw St.

M. D. B. F-08926

F 08926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Dukeland St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda M Lightner

(a) Residence: No. 906 Dukeland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry C Lightner

6. DATE OF BIRTH (month, day, year): Sept 18 1876

7. AGE: Years 58 | Months 4 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Upper Woodford Md.

FATHER

13. NAME: Richard L Scott

14. BIRTHPLACE (city or town) (State or country): Upper Woodford Md

MOTHER

15. MAIDEN NAME: Loretta Hilleary

16. BIRTHPLACE (city or town) (State or country): Upper Woodford Md

17. INFORMANT: Harry C Lightner

(Address) 906 Dukeland St

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: 1/26/35

19. UNDERTAKER: W M Cole

(Address) 1218 Edmondson Ave

20. FILED ... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935 to Jan 23, 1935

last saw h[illegible] alive on Jan 22, 1935 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Jan 16-1935
Other contributory causes of importance: Myocarditis	✓

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Father & Townsend, M. D.

(Address) 1219 Poplar Grove St

M. D. B. 1268 F 08927 F 08927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH J 48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2306 N Chester St., 12 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A Ford

(a) Residence: No. 2306 N Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Edward Cook Ford
6. DATE OF BIRTH (month, day, year): Dec 19, 1884
7. AGE: Years: 50; Months: 1; Days: 4; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework (at home)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER
13. NAME: Gene (Unknown)
14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: Mildred Ford daughter
(Address) 2306 N Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: 1/26/35

19. UNDERTAKER: W McCook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Jan 23, 1935.
I last saw her alive on Jan 23, 1935. Death is said to have occurred on the date stated above, at 10:03 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri & selenium + metastases	June 1932
Uremia	Jan 21, 1935

Other contributory causes of importance: ...

Name of operation: Pan hysterectomy Date of: Dec 14, 1932
What test confirmed diagnosis: Pathological examination of spec Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. S. Everett, M. D.
(Address) 1201 N. Calvert St

M. D. B. 1368-A

F 08928

F 08928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

294 98 ✓ 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Huf

(a) Residence: No. 2406 W Lanvale St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Laura B. Huf

6. DATE OF BIRTH (month, day, year) 1/9/85

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	50	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Frederick William Huf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaretta Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 1/26 19 35

19. UNDERTAKER H. M. Cook

(Address) 1214 St Paul St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Jan 23 1935

I last saw him alive on Jan 23 1935 Death is said to have occurred on the date stated above, at 4:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumatic Heart Disease	
Myocardial Failure	
(Mitral Stenosis and insufficiency)	1923

Other contributory causes of importance: Post encephalitis Parkinsons Disease

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry A. Stebbins M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268

F 08929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08929

CERTIFICATE OF DEATH

✓ 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Frederick Ave 70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth S. Dimling

(a) Residence: No. 2811 Frederick Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 24th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home Asst

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Dimling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Justina Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha W. Dimling

(Address) 2811 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 26th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935 to Jan 23 1935

I last saw her alive on Jan 23 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Grippe	1/21/35
Pneumonia Bronchial	1/29/35

Other contributory causes of importance:

Arterio Sclerosis general	Unknown

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elias Wahmon M. D.

(Address) 3432 Frederick Ave

M. D. B 17 F 08930 F 08930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry T. McCaffrey

(a) Residence: No. 2005 Robb St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Edith V. McCaffrey

6. DATE OF BIRTH (month, day, year) Mar 20th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as ~~Brick~~ Building Contractor saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Jessie T. McCaffrey
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Mary Downer
16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Edith V. McCaffrey (wife)
(Address) 2005 Robb St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 25th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

20. FILED JAN 25 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on Autopsy, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Pelvis & Femur	
& Internal Hemorrhage	2 days
	one day

Other contributory causes of importance:
Fell while wrecking building where ~~night~~ Elevated is to be built. Two timbers fell across him

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Jan 22 1935
Where did injury occur? Saratoga & ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place While Industry
Manner of injury Fall from Edge slab of large pile of lumber ~~pedestrian~~ Two Ends
Nature of injury Fracture Pelvis Internal Hem...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...
(Signed) James M Benton, M. D.
Coroner
(Address) 700 E Chase

M. D. B. 1268-2

F 08931

F 08931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 824 Washington St., Blvd Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H Elliott

(a) Residence: No. 824 Washington St., Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Elliott

6. DATE OF BIRTH (month, day, year) June 7 - 1869

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
66	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Salsbury Md

FATHER

13. NAME Frank Elliott

14. BIRTHPLACE (city or town) (State or country) Salsbury Md

MOTHER

15. MAIDEN NAME Jane Lawfield

16. BIRTHPLACE (city or town) (State or country) Snow Hill Md

17. INFORMANT Mattie Distefano

(Address) 824 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 25, 1935

19. UNDERTAKER Jowell & Byers

(Address) 2527 Edmondson Ave

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1934 to Jan 23, 1935

I last saw him alive on Jan 23, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Axillary glands Indef.	
Exhaustion	2 days

Other contributory causes of importance:

Name of operation Cancer Date of operation Aug 24

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. K. Campbell M. D.

Jan 24/35 (Address)

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

F 08932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08932

CERTIFICATE OF DEATH

V 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Calloway Ave., St., 15-11 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MILTON JONES

(a) Residence: No. 3604 Calloway ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Hollander Jones

6. DATE OF BIRTH (month, day, year) Oct. 6th. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Busi

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sales

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Abraham Jones

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henriette Fuld,

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT (Address) Mrs. M. Jones 3604 Calloway Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date 1/27th., 1935

19. UNDERTAKER (Address) D. and Sonheim & Son 1902 Eutaw Place

20. FILED Jan 25 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 25th. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Jany. 23 1935

I last saw him alive on Jany. 23 1935 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/23/35
Chr. nephritis	Last 2 years
diabetes	
myocarditis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

N.P. (Signed) Albert Jonas M. D.

(Address) 817 Park Ave.

INSTRUCTION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

08933

HEALTH DEPARTMENT—CITY OF BALTIMORE

08933

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Riviera Apt. C.3. St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LEON Seliger,

(a) Residence: No. Riviera Aprt, St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Seliger

6. DATE OF BIRTH (month, day, year) Dec, 14/1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	I	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Dry Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Joseph Seliger,

14. BIRTHPLACE (city or town) (State or country) Germany,

MOTHER

15. MAIDEN NAME Miriam Jacobs,

16. BIRTHPLACE (city or town) (State or country) Germany,

17. INFORMANT Milton Greenbaum, (Address) Riviera Aprt.

18. BURIAL, CREMATION, OR REMOVAL Place Beth Hebrew Date Jan. 25/ 35, 19

19. UNDERTAKER Paul Feigenbaum Son (Address) 1902 Eutaw Place

20. FILED Jan 25 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23/ 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1934 to Jan 23, 1935

I last saw h-- alive on Jan 23, 1935. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	5 years
Other contributory causes of importance:	
Myocarditis	1 year

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Frederick Leit, M. D.

(Address) Temple Gardens Apts

OCCUPATION is very important. See instructions on back of certificate.

F 08934

M. D. No. F 08934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 E Fort ave.; 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Gauss.

(a) Residence: No. 212 E. Fort av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21-1871

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	63	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Ry's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME Jacob F. Gauss

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Cathrine Fisher

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss Gauss
(Address) 212 E Fort.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 1/25 1935

19. UNDERTAKER J. Fenw McCully
(Address) 130 E Fort

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1935

22. I HEREBY CERTIFY, That I attended deceased, from June 21 1935 to June 22 1935

I last saw he alive on June 22 1935 Death is said to have occurred on the date stated above, at 6.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	2 Yrs
Decompensated	
Cardiac	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno F A Stevens M. D.

(Address) 257 E Hartford Rd

M. D. P. 1768-9

08935 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 08935

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 E. Clement St., 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. Myers

(a) Residence: No. 644 E. Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Myers

6. DATE OF BIRTH (month, day, year): Aug 24-1880

7. AGE: Years 54 | Months 4 | Days 25 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 8037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Arthur L. Hendricks

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Emma E. Anthony

16. BIRTHPLACE (city or town) (State or country): Pittsburg Pa.

17. INFORMANT: William Myers
(Address) 644 E. Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: January 26 1935

19. UNDERTAKER: Margaret E. Flynn
(Address) 1422 Light St

20. FILED: [illegible] Registrar

JAN 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1935 to Jan 23 1935

I saw her alive on Jan 23 1935 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Study — Duration: [illegible]

Other contributory causes of importance:

Acute dilatation of Heart — Duration: 2 Hrs.

Name of operation: none Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) R. K. Campbell M. D.

1/24/35 (Address)

S. D. B. 1268-9

F 08936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08936

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 W. Hamburg St. St., 23 Ward)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Vaughn. (c)

(a) Residence: No. 140 W. Hamburg St. St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 5, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Calvin Vaughn. (C)

14. BIRTHPLACE (city or town) (State or country): Cambridge, Md.

MOTHER

15. MAIDEN NAME: Hilda Bailey. (C)

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Hilda Vaughn, (c) mother.
(Address) 140 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date 1/25/ 19 35

19. UNDERTAKER: Walter B. Baker
(Address) 1342 W. Hamburg St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

M. D.

(Signed) Otto M. Reinhardt Coroner

1/28/35 (Address) 1017 E. Charles St.

M. D. H. 1269-9

F 08937

08937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Rice Hill

(a) Residence: No. 1009 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15-1916

7. AGE: Years 18 Months 8 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER
13. NAME Robt Rice
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Ethel Smith
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ethel Rice Hill
(Address) 837 Lemon

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 26 1935

19. UNDERTAKER Thos. E. Kelson.
(Address) 1303 Presstman St

20. FILED JAN 26 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Asphyxiated by Illuminating Gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Jan 21st 1935

Where did injury occur? 1009 Whatcoat
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury Asphyxiated by Gas

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Leuch M. D.
Coroner

(Address) Coroner

M. D. B. 1268-9

F 08938

F 08938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Joseph Hantof

(a) Residence: No. 917 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Dora Hantof

6. DATE OF BIRTH (month, day, year) Aug. 15 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail 0035

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mendel Hantof

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dora Hantof - Wife

(Address) 917 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Herring Run Date 1-25-35 19

19. UNDERTAKER Dept. Levin Co.

(Address) 1739 E. Baltimore St.

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1935, to Jan. 25, 1935.

I last saw h[illegible] alive on Jan. 25, 1935. Death is said to have occurred on the date stated above, at 4:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative Hemorrhage	1-20-35
Other contributory causes of importance:	
Acute Cholecystitis	1-1-35

Name of operation Cholecystectomy Date of 1/17/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard N. Callod, M. D.

(Address) Sinai Hospital

M. D. H. 1268-0 F 08939 F 08939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Piasecki

(a) Residence: No. 2814 Dillon st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Piasecki

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethelem Steel

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place L. F. Stanislaus Date 1/28 19 35

19. UNDERTAKER John J. Kuda
(Address) 2514 Gunston St

20. FILED JAN 25 1935 19 F.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 26 19 34 to January 23 19 35

I last saw him alive on January 23 19 35 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Left Bronchus	Unknown
2. Bronchiectasis	May 1934
3. Fatal pulmonary Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Mayer M Jacobs M. D.
(Address) Baltimore City Hospitals

F 08940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sanitarium St., 11 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie T. Stump

(a) Residence: No. 1034 N. Calvert St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of H. Arthur Stump

6. DATE OF BIRTH (month, day, year) February 14, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

FATHER

13. NAME Jacob Riegel

14. BIRTHPLACE (city or town) Philadelphia (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME E. Theresa Stull

16. BIRTHPLACE (city or town) Pennsylvania (State or country)

17. INFORMANT Mr. A. Herman Stump

(Address) 17 E. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Stump Burying Grounds Churchville, Md. Date 1/27 1935

19. UNDERTAKER Joseph H. Coale

(Address) 1003 E. Baltimore St.

20. FILED JAN 25 1935, 19 ... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15th, 1934, to Jan 24th, 1935.

I last saw her alive on Jan 23rd, 1935. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 20th-35
Pulmonary Oedema	Jan 24th 35
Cerebral Hemorrhage	Dec 1934

Other contributory causes of importance:

Arteriosclerosis	Jan

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Chesnut, M. D.

(Address) 1300 N. Calvert St.

INSTRUCTION IS very important. See instructions on back of certificate.

F 08941

F 08941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. 137

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Frank Hotta

(a) Residence: No. 510 Wise St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ Sarah Hotta

6. DATE OF BIRTH (month, day, year): Feb. 4, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year): "

11. Total time (years) spent in this occupation: "

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Wolfe Hotta

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Date 1/25 1935

19. UNDERTAKER: Robert Brooks & Son (Address) Calvert & Hollins Sts

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1935 to Jan 25 1935

I last saw him alive on Jan 25 1935. Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate	?
Other contributory causes of importance: Cancer Retention	?
Cystitis	?
Bronchio-pneumonia	1/20/35

Name of operation: None Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph E. Gray M.D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 12-30 F 08942 F 08942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Bailey

(a) Residence: No. 123 N. Pine st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 1087

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Bailey

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1/28 , 1935

19. UNDERTAKER Franklin Leitz
(Address) 709 West 33rd St.

20. FILED ..... , 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 23 , 1935

22. I HEREBY CERTIFY, That I attended deceased from August 3 , 1934 , to January 23 , 1935

I last saw him alive on January 23 , 1935. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pulmonary Tuberculosis	July 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mayer W. Jacobson , M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

F 08943

08943 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1714 Darley ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Ross

(a) Residence: No. 1714 Darley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Ross

6. DATE OF BIRTH (month, day, year) May 9-1856.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre-de-Grace, Md.

FATHER

13. NAME James Poplar

14. BIRTHPLACE (city or town) (State or country) Havre De Grace Md.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT William Ross
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park cem Date Jan. 26 1935

19. UNDERTAKER George W. Dinkley
(Address) 1737 E. Eager St

20. FILED 1-28-35 Huntington Ville Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1935 to Jan 23 1935

I last saw h[illegible] alive on Jan 23 1935. Death is said to have occurred on the date stated above, at 11.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Diabetes Mellitus	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. P. Herzog M.D. M. D.

(Address) 1302 N Fulton Ave

M. D. B 1248-T

T 08944

F 08944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robt. Thomas Winkler. X

(a) Residence: No. 1009 Whatcoat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 11-1914

7. AGE: Years 20 | Months 7 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Winkler

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Eva Hall

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Eva Yancey

(Address): 533 W. Biddle

18. BURIAL, CREMATION, OR REMOVAL: Auburn Cem

Date 1/25 19 35

19. UNDERTAKER: Bernard P. Hennessy

(Address): 818 Druid Hill Ave

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Asphyxiated by Illuminating Gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Jan 25 19 35

Where did injury occur? 1009 Whatcoat (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..... home

Manner of injury Asphyxiated by Gas

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leek M. D.

Coroner

(Address) Coroner

M. D. P. 1268-9

F 08945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs., ✓ mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabel Biggs Funk

(a) Residence: No. 611 S. Allegheny St., Hollidaysburg - Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Todd Funk

6. DATE OF BIRTH (month, day, year) 5/6/68

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) Jan 32

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph Biggs

14. BIRTHPLACE (city or town) (State or country) Ill - Ca

MOTHER

15. MAIDEN NAME Isabella James

16. BIRTHPLACE (city or town) (State or country) Penn -

17. INFORMANT Friends -

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hollidaysburg, Pa Date Jan 26 1935

19. UNDERTAKER Wm Todd Funk & Son

(Address) Pa

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1934 to Jan 24, 1935

I last saw her alive on Jan 24 1935. Death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage -	
1st "	Jan 21
2nd "	Jan 21

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas Young M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08946

08946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34J-82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., [illegible] Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leona Ray

(a) Residence: No. 657 Brlnd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Ray.

6. DATE OF BIRTH (month, day, year) Aug 23, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48.	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Fields ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Elinor Wyman

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Laura Ray (daughter)
(Address) 557 Barnes St.

18. BURIAL, CREMATION, OR REMOVAL
Place U Md School Date Jan 25, 1933

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/3, 1933 to 1/20, 1933
I last saw her alive on 1/20, 1933 Death is said to have occurred on the date stated above, at 9:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 days

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto. City Hosp.

M. D. P. 1268-9

08947

F 08947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 161 II

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Chase

(a) Residence: No. 1237 Edgith St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md —

MOTHER FATHER

13. NAME Albert Chase

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Helen —

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Records —

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Hospital Date Jan 20 . 1933

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 . 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 . 1933 to Jan 19 . 1933

I last saw him alive on Jan 19 . 1933 Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic disease of new-born	1 Day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D. Schweyer M.D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

1067

M. D. B. 1268-9

F 08948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Duke

(a) Residence: No. 816 N. Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Leroy Duke

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Edna Holland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Jan 25, 1935

19. UNDERTAKER
(Address)

20. FILED Jan 25 1935 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 11, 1935
I last saw him alive on Jan 11, 1935 Death is said to have occurred on the date stated above, at 9 10 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of —

What test confirmed diagnosis? ... Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lydia B Edwards M. D.
(Address) J Hos Hopkins

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 08949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08949

CERTIFICATE OF DEATH

1611

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Paige

(a) Residence: No. 1437 E. Eager St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 2, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Laurence Smilton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lamont Paige

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date Jan 25 1935

19. UNDERTAKER

(Address)

Jan 25 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/3, 1935, to 1/5, 1935

I last saw her alive on 1/5, 1935 Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of Newborn	1/4/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John M. Hence, Jr. M. D.

(Address) Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 08950

08950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Cook.
(a) Residence: No. 808 E. Pratt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Michael Cook.

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Daisy ? ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Bath.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mod. School Date Jan 25 19 35

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/1 1930 to 1/22 1935
I last saw him alive on 1/22 1935 Death is said to have occurred on the date stated above, at 5 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	3 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify.

(Signed) Robert G. Reuter M. D.
(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08951

F 08951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34J-108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Luther Bankard.

(a) Residence: No. 3204 E Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ola Bankard.

6. DATE OF BIRTH (month, day, year) 2/21/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65.	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Ephraim Bankard.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rebecca Yates

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records ROCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place H. Mt. Lebanon Date Jan 25 1935

19. UNDERTAKER
(Address)

20. FILED Jan 25 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/24 1934 to 1/21 1935

I last saw h[illegible] alive on 1/21 1935 Death is said to have occurred on the date stated above, at 4 05 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Duration: Two.

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

25 1935

1061

M. D. F 1368-9

✓ F 08952

08952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

931

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Mead.

(a) Residence: No. 45 Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susie Mead.

6. DATE OF BIRTH (month, day, year) 1/5/70.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Lewis Mead.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Kiel ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT none.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Jan 25th, 1935

19. UNDERTAKER
(Address)

20. FILED Jan 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/18, 1935, to 1/20, 1935

I last saw h[illegible] alive on 1/20, 1935 Death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency c congestion of lungs	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto. City Hosp.

* OCCUPATION is very important. See instructions on back of certificate.

1065 M-P

M. D. B. 1268-9

F 08953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08953

CERTIFICATE OF DEATH

107-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 19 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dolores Kennard

(a) Residence: No. 208 Rock St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John A Cannard

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Adelia Kennard

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Adelia Kennard
(Address) 208 Rock St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan 26, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder Ste

20. FILED JAN 29 1935, 19 ..... Registrar. E. K. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchopneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Gregory Zeller M. D.
Coroner

(Address) 2739 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

08954 ✓ F 08954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816.S.Grundy.St St., 7th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia Barbernitz

(a) Residence: No. 816.S.Grundy St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter Barbernitz

6. DATE OF BIRTH (month, day, year) Nov. 1. 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Schmidt

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Frances Lindner (daughter)

(Address) 816.S.Grundy St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Hearts Date Jan 26 1935

19. UNDERTAKER Little Zeller Inc

(Address) 1130 Eutaw St.

20. FILED JAN 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1935, to Jan 24, 1935

I last saw h[illegible] alive on Jan 20 1935. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Myocarditis	1/19/35

Other contributory causes of importance:

Chronic cholecystitis	1920
Hypertrophied Thyroid	1905

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George S. Lipsky M. D.

(Address) 432 S. Futterman's Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

08955 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08955

82-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 635 Streeper St., 1 Ward)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Frazier
(a) Residence: No. 635.S. Streeper St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — single

6. DATE OF BIRTH (month, day, year) Dec. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — not employed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Produce Dealer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME William Frazier
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Walter E Jones (brother)
(Address) 635.S.Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Jan. 28 1935

19. UNDERTAKER Tuthill & Zeiler
(Address) 403 S Broadway

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 1934 to Jan 24 1935
I last saw h. alive on Jan 24 1935 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 7/34
preceded by Hemiplegia	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J Emmett J Greene M. D.
(Address) 1900 Eastern Ave.

M. D. B 1268-9

F 08956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3rd 08956

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vannie Mills

(a) Residence: No. 1610 N. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Separated.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred Mills.

6. DATE OF BIRTH (month, day, year) 8/31/1899.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confirmed invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Ansenus Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Holmes.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs. Vensena Lundel same address.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/26/35

19. UNDERTAKER Charles H. Cooper

(Address) 3143 Calhoun St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/10 . 1934 to 1/24 . 1935

I last saw h. alive on 1/24 . 1935. Death is said to have occurred on the date stated above, at 2 05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency - Syphilitic	Nov '34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter . M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. B. 1268-9

F 08957

08957 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 N. Monroe St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth 38 yrs. mos. ds.

2. FULL NAME Patrick J. O'Neill

(a) Residence: No. 2014 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of): Annie Gray

6. DATE OF BIRTH (month, day, year) June 12, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month and year) 8

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknowing

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Thomas J. O'Neill
(Address) 2014 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 26, 1935

19. UNDERTAKER Martin Fahey & Sons
(Address) 1827 W North Ave.

20. FILED Jan 25 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-23-35

22. I HEREBY CERTIFY, That I attended deceased from 1/1- 34 to 1-/-2335, 19 ..
I last saw h.. alive on 1/23, 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:
Fibrositis, Chronic

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19 ..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm J Brown M. D.

(Address) 1928 N Eutaw

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

✓ F 08958

08958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 W Calhoun St., 15 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Eliza Carroll

(a) Residence: No. 1339 W. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel Mercer Carroll.

6. DATE OF BIRTH (month, day, year) July 18, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md

MOTHER

13. NAME Henry Hatton
14. BIRTHPLACE (city or town) (State or country) Prince George Co Md
15. MAIDEN NAME Marguerite Tyler
16. BIRTHPLACE (city or town) (State or country) Prince George Co Md

17. INFORMANT Henry N. Carroll
(Address) 1329 Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Date Jan 26 1935

19. UNDERTAKER James A. Stavely & Sons
(Address) 142 W. Lexington St

JAN 25 1935 Huntington, Williams & Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Jan 25, 1935
last saw her alive on Jan 22, 1935 death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis & Hemiplegia (Brain) 2nd attack	Jan 1935
Other contributory causes of importance: Arteriosclerotic Cardio-Vascular (Cause)	3 yrs

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. H. Wright M. D.
(Address) 1209 Preston St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

✓ F 08959

08959 51 7

29

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 97

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME A Taylor Smith

(a) Residence: No. 19 Prospect Sq St., Ward. Cumberland Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane

6. DATE OF BIRTH (month, day, year): 5/15/79

7. AGE: Years 55 | Months | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Algernon Smith

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Amanda Taylor

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md. Date Jan 25 1935

19. UNDERTAKER: John C. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED: Huntington Maryland Registrar

JAN 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 25, 1935

I last saw him alive on Jan 25, 1935 Death is said to have occurred on the date stated above, at 2350 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhoea (unknown etiology)	6/1/34
Malnutrition	6/1/34

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Eckert M. D.

(Address) Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

08960 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 08960

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 637 Vine St., 4 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Brown

(a) Residence: No. 637 Vine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Brown

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME /

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Brown
(Address) 637 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemy Date Jan 28, 1935

19. UNDERTAKER Enoch Pratt
(Address) 5-23 Edmondson Ave

..... 19 .....
Registrar.

JAN 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edgar Keller M. D.
Coroner

(Address) 2339 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08961

08961 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Mervin Ashenfelter

(a) Residence: No. Taneytown, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Ida Ashenfelter

6. DATE OF BIRTH (month, day, year) May 22, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bread salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Samuel Ashenfelter

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Jennie Boyer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Mervin Ashenfelter

(Address) Taneytown

18. BURIAL, CREMATION, OR REMOVAL

Place Taneytown Luth. Cem. Date Jan. 28, 1935

19. UNDERTAKER C. O. Fuss & Son

(Address) Taneytown Md

19... Registrar

25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1935, to 1 25, 1935

I last saw h[illegible] alive on 1 25, 1935 Death is said to have occurred on the date stated above, at 1 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage	1 25 35
2-Congestive Heart failure	1935
Myocardial degeneration and fibrosis	
Coronary sclerosis	
Other contributory causes of importance: Diabetes	1920

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C E Bucy M. D.

(Address) University Hospital, Balto

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1768-9

✓ F 08962

08962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 St Paul St., 11 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace C. Davidson

(a) Residence: No. 817 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter G Davidson

6. DATE OF BIRTH (month, day, year): Jan 21 1868

7. AGE: Years 67 | Months 0 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mobile Ala

FATHER

13. NAME: Walter T Clayton

14. BIRTHPLACE (city or town) (State or country): Centreville Md

MOTHER

15. MAIDEN NAME: Carrie Thrower

16. BIRTHPLACE (city or town) (State or country): Mobile Ala

17. INFORMANT: Walter G Davidson
(Address) 817 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Jan 26 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED JAN 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1935 to Jan 24 1935

I last saw her alive on Jan 23 1935 Death is said to have occurred on the date stated above, at 9:30 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
Other contributory causes of importance: Myocardial Failure	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. L. Frontstein, M. D.

(Address) 1123 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08963

HEALTH DEPARTMENT—CITY OF BALTIMORE

08963

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Mercy General Hospital

CITY OF BALTIMORE: (No. ... St., 17 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Antonia Rensfelder

(a) Residence: No. 707 N. Montford Ave, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If ~~married, widowed or divorced~~ (or) WIFE of Michael Rensfelder

6. DATE OF BIRTH (month, day, year): June 8th 1884

7. AGE: Years 50 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Walenty Krzyzanski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Francis Brender

(Address) 304 E 24th St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 28th 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25-35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935 to Jan 25 35 19

I last saw h.e.r. alive on Jan 25 1935. Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	

Other contributory causes of importance:

Acute endocarditis & decompensation (Cardiac)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Fowler M. D.

(Address) Mud Elen Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

F 08964

F 08964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Seylon St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda M Laing

(a) Residence: No. 1803 Seylon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E Laing

6. DATE OF BIRTH (month, day, year) June 27, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Eli Dorsey

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Lydia —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT E Brent Laing

(Address) 1803 Seylon St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 1/26 '35

19. UNDERTAKER Edward Faulkner

(Address) Edmondson Blvd.

1 26 1935 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 14, 1935 to Jany 24, 1935

I last saw her alive on Jany 23, 1935 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Myocardial degeneration	10 days

Name of operation no Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2472 Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

F 08965 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 08965

CERTIFICATE OF DEATH

46-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5245 St Charles Road St. 27 Ward)

Length of residence in city or town where death occurred 68 yrs. mos ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Florence Ayers Leach

(a) Residence: No. 5245 St Charles Road St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Leach

6. DATE OF BIRTH (month, day, year) May 30 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 60 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME James E. Ayers

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Amanda A. Scarff

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT William T. Leach
(Address) 5245 St Charles Road

18. BURIAL, CREMATION, OR REMOVAL
Laurel Ridge Date Jan 26 1933

19. UNDERTAKER D. S. Marshall
(Address) 3631 Falls Road

JAN 26 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 19 - 1932, to January 24, 1933

I last saw her alive on Jan 23 - 1933, death is said to have occurred on the date stated above, at 8:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Intestines	1933
Metastatic Carcinoma of Liver	7/32

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert C. Mitchell, M. D.

(Address) 7117 Harford Road

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9

F 08966

08966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Balto. Gen. Hosp. (St.) (Ward.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Piquett

(a) Residence: No. 3507 Keene Ave (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lula M. (nee Buck)

6. DATE OF BIRTH (month, day, year): Aug 2, 1886

7. AGE: Years 48; Months 5; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 0052

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John Piquett

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Clara Walters

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Lila M. Piquett, 3507 Keene Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: Jan 26, 1935

19. UNDERTAKER (Address): Harry J. Whitelee, 4101 Edmondson Ave

Filing Date: JAN 26 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1935 to 1-23 1935

I last saw him alive on 1-23 1935. Death is said to have occurred on the date stated above, at 12:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	1930
Chronic Nephritis	1933

Other contributory causes of importance:

Uremia	1-16-35

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton A. Stern M. D.

(Address) 10 E. Balto. Med

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

08967 F 08967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S. Mount St. St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Mueller

(a) Residence: No. 335 S. Mount St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Mueller

6. DATE OF BIRTH (month, day, year) June 20, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Tombleson

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mr. John J. Mueller
(Address) 335 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 28, 1935

19. UNDERTAKER Harry Mueller
(Address) 101 Edmondson Ave.

20. FILED JAN 26 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934 to Jan 24, 1935

I last saw he alive on Jan 22, 1935. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	1 dy.
Other contributory causes of importance:	
Chronic Myocarditis	?
& Hypertension —	
Chronic Rheumatism.	yrs.

Name of operation ——— Date of ———

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Andrew E. Eadon, M. D.

(Address) 4 N. Fulton

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 08968

HEALTH DEPARTMENT—CITY OF BALTIMORE

08968

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5604 Pilgrim Road St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam G. Markert

(a) Residence: No. 5604 Pilgrim Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorathea F. Markert (nee Meier)

6. DATE OF BIRTH (month, day, year) Aug. 31, 1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles Markert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Dorathea F. Markert

(Address) 5604 Pilgrim Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park Date Jan. 28/35

19. UNDERTAKER Harry H. Witzke

(Address) 4101 Edmondson Ave.

20. FILED 1935 Registrar.

JAN 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1932 to Jan 24 1935

That I last saw h alive on Jan 24 1935. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	

Other contributory causes of importance:

La Grippe

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1819 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement is necessary, so that it may be properly classified.

M. D. P. 1268-9

F 08969

08969 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Edgewood Sanatorium

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Jane Wagener

(a) Residence: No. Manassas, Virginia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Wagener

6. DATE OF BIRTH (month, day, year) Oct. 3, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ....min.
	69	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manassus
(State or country) Virginia

FATHER

13. NAME Newton A. Woodyard

14. BIRTHPLACE (city or town) Prince William Co
(State or country) Virginia

MOTHER

15. MAIDEN NAME Amanda Cannon

16. BIRTHPLACE (city or town) Prince William Co
(State or country) Virginia

17. INFORMANT Mr. Clarence W. Wagener
(Address) 511 Harwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Manassus, Va. Date Jan. 27, 1935

19. UNDERTAKER Wm. J. Tuckner & Sons
(Address) North & Penn Ave
Washington, D.C.

Filed 1-28-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1933 to Jan. 25 1935

I last saw her alive on Jan. 17 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	

Other contributory causes of importance:

Endocarditis
Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) Clark F. Benson, M. D.

(Address) 5111 York Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 08970

HEALTH DEPARTMENT—CITY OF BALTIMORE

08970

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Springdale Ave. Ward)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Zieget Sr

(a) Residence: No. 4208 Springdale Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Rose A. Zieget

6. DATE OF BIRTH (month, day, year) Nov 18, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0009

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Zieget

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Harputh

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rose A. Zieget
(Address) 4208 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Jan 26 1935

19. UNDERTAKER Wm H. Tucker & Sons
(Address) Forest & Fremont Aves.

20. FILED JAN 28 1935 Huntington Ville Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13/35 to Jan 23/35
I last saw h[illegible] alive on Jan 23/35 . Death is said to have occurred on the date stated above, at 10.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 13/35
Other contributory causes of importance:	
Lobar Pneumonia	Jan 13/35

Name of operation ——— Date of ———

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ———, 19..

Where did injury occur? ———
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of Injury ———

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Halton D Gilbert M. D.

(Address) 2220 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08971

HEALTH DEPARTMENT—CITY OF BALTIMORE

08971

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 4 Ward) X

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Borsal

(a) Residence: No. Leyndon, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) 1-23-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Paul Borsal

14. BIRTHPLACE (city or town) (State or country) Stevenson Md.

MOTHER

15. MAIDEN NAME Edith Bass

15. BIRTHPLACE (city or town) (State or country) Peterboro N.H.

17. INFORMANT Edith Borsal

(Address) Leyndon, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Cem Date Jan 26, 1935

19. UNDERTAKER Henry Menkin & Co

(Address) Eastern Ave & Caution St

JAN 28 1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1935, to 1-24, 1935

I last saw him alive on 1-24, 1935 Death is said to have occurred on the date stated above, at 9.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other contributory causes of importance:

Prematurity.

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Savage, M. D.

(Address) Univ. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

F 08972

F 08972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 154

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

*CITY OF BALTIMORE: (No. University Hosp. St. W Ward)

2 FULL NAME Henry Maynadier Fitzhugh

(a) RESIDENCE NO. Westminster Md St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Aldridge Fitzhugh

6 DATE OF BIRTH (month, day, and year) Sept 26 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Boy City Montgomery Co. Md.

PARENTS

10 NAME OF FATHER Henry M. Fitzhugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co. Md

12 MAIDEN NAME OF MOTHER Lucy Tyson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mary Land

14 Informant Mrs Fitzhugh
(Address) Westminster

15 Filed , 19 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 25 1935

17
I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934, to Jan 25, 1935, that I last saw h[illegible] alive on Jan 24, 1935, and that death occurred, on the date stated above, at 7.20 a. m.

The CAUSE OF DEATH* was as follows:

Septicemia, Streptococcus
Patient was in nursery to
hospital (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Edema mysteles of th
Flexor (duration) — yrs. — mos. 48 ds.

18 Where was disease contracted if not at place of death? At his residence
Did an operation precede death? yes Date of Dec 8-34
Was there an autopsy? yes.
What test confirmed diagnosis? Thrombosis and infarct
(Signed) Carlisle M Blissard M. D.
, 19 (Address) 507 Regester Bldg Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount Cem — DATE OF BURIAL: Jan 28 19 35

20 UNDERTAKER: Henry H. Jenkins Sons Co — ADDRESS: McCulloh & Orchard

CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 26 1935

M. D. B. 1268-9

F 08973

08973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1505 E. Monument St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Ray

(a) Residence: No. 1505 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie

6. DATE OF BIRTH (month, day, year): 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60 59	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: John Ray

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: ????

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Sarah Jane Clark 1505 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cem. Date 1-26th. 1935

19. UNDERTAKER (Address): Byard Mamie H. Knight 2218 Maryland Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 24/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Bronchopneumonia	10 days

Other contributory causes of importance:

History Chr Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Cook Coleman M. D.

Coroner

(Address) 1506 Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

08974

✓ F 08974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 7 V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Vessels.

(a) Residence: No. 812 S. Sharp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Vessels.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Moaning Rabb.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Patty Johnson.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT husband (Address) above address.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 1/28 '35

19. UNDERTAKER Wood & Brown Son (Address) 1056 Montgomery St

20. FILED Huntington Thomas (Registrar)

JAN 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/31 1934 to 1/23 1935

I last saw her alive on 1/23 1935 Death is said to have occurred on the date stated above, at 5.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung (?)	Oct 34
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 08975

274609 Ped

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08975

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. ..... St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Harrell

(a) Residence: No. 1126 Carrick St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6, 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Randolph Day

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jeanette Harrell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Brooks.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Date Jan 26 1935

19. UNDERTAKER Geo. A. Holland

(Address) 1631 Pennsylvania Ave. Huntingdon Pittsburgh, Pa.

20. FILED JAN 26 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1935 to Jan 24 1935

I last saw him alive on Jan 24 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Miliary tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Francis D. Schwentker M. D.

(Address) John Hopkins Hospital

INFORMATION should be carefully supplied. ALL blanks should be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1908-0

F 08976

HEALTH DEPARTMENT—CITY OF BALTIMORE

08976

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2120 Wilhelm St. 70 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MINNIE MILLER

(a) Residence: No. 2120 Wilhelm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of EMRON MILLER

6. DATE OF BIRTH (month, day, year) Dec. 6-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Chopein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carolina Cuban

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Emron Miller
(Address) 2120 Wilhelm St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date JAN. 26 19 35

19. UNDERTAKER J. B. Kibbert & Son
(Address) 300 Eutaw Place

JAN 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to January 23 1935

I last saw her alive on 1/23 1935 Death is said to have occurred on the date stated above, at 8.07 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	3½ yrs
Arthritis Deformans	yrs

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-0

08977

HEALTH DEPARTMENT—CITY OF BALTIMORE

08977

CERTIFICATE OF DEATH

X-95-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Univ. Hosp. Balto St., 7th Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Lee King

(a) Residence: No. Eighth ave & York Road Towson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Ferriand

6. DATE OF BIRTH (month, day, year) May 31 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. King

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sallie R. Shields

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jack K. King
(Address) Eighth ave & York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Texas Md. Date Jan 26 1935

19. UNDERTAKER John A Mitchell & Sons
(Address) 1300 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1935, to Jan 24, 1935

I last saw him alive on Jan 24, 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	5 yrs
Cerebral Edema	4 days

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) D. D. Taylor M. D.

(Address) Univ. Hosp. Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08978

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08978

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Montpelier St., 9 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Giovanna Poledri Provini

(a) Residence: No. 1117 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Domenico Provini

6. DATE OF BIRTH (month, day, year) Feb 10, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Ferdinand Poledri

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Ferdinand Provini

(Address) 1117 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Vincent Date Jan 28 1935

19. UNDERTAKER Frank V. Pifitone

(Address) 28 E. Baltimore St

No. 26 1935 FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Jan 24, 1935

Last saw h alive on Jan 24, 1935. Death is said to have occurred on the date stated above, at 5 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1-35
Other contributory causes of importance:	
Cirrhosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos L. Valentine M. D.

(Address) 66 So Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 08979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 08979

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Greenwood.

(a) Residence: No. 511 N. Parnish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Greenwood.

6. DATE OF BIRTH (month, day, year) 6/10/77.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Duckster. 00's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. J. Greenwood.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida Dixon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elnora Greenwood daughter
(Address) above address.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carlton Date Jan 28 . 1935

19. UNDERTAKER Joseph A Auch
(Address) 402 N. Mount St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/21 . 19 35 to 1/24 . 19 35

I last saw him alive on 1/24 . 19 35 Death is said to have occurred on the date stated above, at 12 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Heart disease, hypertension & congestive failure	7-8 weeks.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Rath M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08980 F 08980

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Jenkins

(a) Residence: No. Sykesville, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 18 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jas. L. Jenkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bessie B. Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jas. L. Jenkins Md
(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL
Sykesville Md Date Jan 28 1935

19. UNDERTAKER Thos. Gorsuch Jan
(Address) Sykesville Md

Registrar. 19

JAN 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1935 to 1-25, 1935

I last saw him alive on 1-25, 1935 Death is said to have occurred on the date stated above, at 11.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchpneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Chester W. Jones M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 08981

08981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 10 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Michael Gahan

(a) Residence: No. 721 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Adjuster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Co

10. Date deceased last worked at this occupation (month and year) 1-4-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John F. Gahan

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret M. Gahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Jan 28, 1935

19. UNDERTAKER F. Fernandi Keffner
(Address) 532 Fallsway

20. FILED JAN 26 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-4-35, 19 to 1-24-35, 19

I last saw him alive on 1-24, 1935. Death is said to have occurred on the date stated above, at 3:45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 08982

08982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 49-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 Longwood St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Ellen Wayson

(a) Residence: No. 1214 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Edw. Wayson

6. DATE OF BIRTH (month, day, year) Oct. 26, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Cty.

FATHER

13. NAME John Wayson

14. BIRTHPLACE (city or town) (State or country) A. A. Cty.

MOTHER

15. MAIDEN NAME Frances Wayson

16. BIRTHPLACE (city or town) (State or country) A. A. Cty.

17. INFORMANT Mrs. Naomi Hahn
(Address) 1214 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Sept 26 1935

19. UNDERTAKER J. Vernon Rehmer
(Address) 1121 Eutaw St

20. FILED [illegible] 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/22/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from October, 1934 to 1/22/35 . 19

I last saw her alive on 1/22/35 . 19 . Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left ovary	
General Metastosis	
Other contributory causes of importance:	
Toxemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Boyd McCurry . M. D.

(Address) 400 Payson St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

SEP 26 1935

6

M. D. B. 1263-9

08983 HEALTH DEPARTMENT—CITY OF BALTIMORE 08983

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH West Baltimore General Hospital

Registered No.

CITY OF BALTIMORE: (No. Lafayette Boulevard St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Martin

(a) Residence: No. 5314 Wesley Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ of Marcella McGuiness

6. DATE OF BIRTH (month, day, year) Sept. 12, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Travelers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Patrick Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary K. Saddrey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. J. F. Martin

(Address) 5314 Wesley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 28, 1935

19. UNDERTAKER Martin Funeral Home

(Address) 1827 W. Baltimore St.

20. FILED ..., 19... Registrar.

JAN 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia Coma	Jan 27
(b) Hypertension and Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...If so, specify

(Signed) John K. Rozzell M.D. M. D.

(Address) W. B. Gen. Hosp.

Information should be entered by typing. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

F 08984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08984

CERTIFICATE OF DEATH

✓ 11-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 S. Bouldin St. 26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Adolph Eder

(a) Residence: No. 224 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Nellie Eder

6. DATE OF BIRTH (month, day, year): Nov 6 - 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailoring

10. Date deceased last worked at this occupation (month and year): Jan - 1935

11. Total time (years) spent in this occupation: 23yr

12. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

13. NAME: William Eder

14. BIRTHPLACE (city or town) (State or country): Poland

FATHER

15. MAIDEN NAME: Nellie Lapin

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Nellie Eder (Wife)
(Address) 224 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 1-26 1935

19. UNDERTAKER: R. B. & C. M. Welch
(Address) Stricker & Frank Sts.

Filed ..... 19..... Registrar.

JAN 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/17/35, 19..., to 1/22, 1935

I last saw him alive on 1/22, 1935 death is said to have occurred on the date stated above, at 7:05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Lobar Pneumonia

Name of operation —— Date of ——

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. E. Gazell M. D.

(Address) 633-5 Cathedral

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 08985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08985

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Horace Ford

(a) Residence: No. 4707 Grindon Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret F.

6. DATE OF BIRTH (month, day, year) April 7/1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Inspector-Balto. City.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South River Md.

FATHER

13. NAME Horace Ford

14. BIRTHPLACE (city or town) (State or country) South River, Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) South River, Md.

17. INFORMANT Margaret F. Ford (wife)

(Address) 4707 Grindon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pinewood Date Jan 27th 1935

19. UNDERTAKER Lodge Funeral Home

(Address) Dignified Department

20. FILED ..... 19..... Registrar.

JAN 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19 Death is said to have occurred on the date stated above, at about 8.30 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Apoplexy	

Other contributory causes of importance:

History of hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell to sidewalk at

Nature of injury 4700 Harford Ave

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. H. Cain, M. D.

Coroner

(Address) 508 E. Fayette St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 26

M. D. B. 1-9 F. 08986 F 08986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6319 Fait Avenue St., 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Roden

(a) Residence: No. 6319 Fait Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie A. Roden

6. DATE OF BIRTH (month, day, year) Aug. 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broom Factory

10. Date deceased last worked at this occupation (month and year) Aug. 9, 1934

11. Total time (years) spent in this occupation 11 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Maggie A. Roden
(Address) 6319 Fait Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Jan. 27 35

19. UNDERTAKER H. SANDER & SON, INC. George F. Sander
(Address) Baltimore & Broadway

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from June ... 1932 to Jan 24 1935

I last saw him alive on Jan 23rd 1935. Death is said to have occurred on the date stated above, at 5.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Hypertension	1932
Chronic Nephritis	

Other contributory causes of importance:

Acute Dilatation of Heart

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Wm. J. Lehmann M. D.

(Address) 6010 Eastern Ave. Balto.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

y 9 3

AN 27 1935

M. D. P. 1268-9

Townes

F 08987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08987

CERTIFICATE OF DEATH

XV 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Percy J. Townes.

(a) Residence: No. 3017 Floyd Ave. Richmond Va.

(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/16/1898.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36.	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Richmond Va.

FATHER

13. NAME Percy J. Townes.

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Virginia Taylor.

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT B.C. Ellis (friend)

(Address) R F D # 9 Brooklyn Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va. Date Jan 23 1935

19. UNDERTAKER John C. Miller

(Address) 2435 E Oliver St

FILED JAN 27 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/23 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/17. 1935 to 1/23 1935

I last saw h[illegible] alive on 1/23 1935 Death is said to have occurred on the date stated above, at 2.55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	5 days

Other contributory causes of importance:

over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reuter M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 08988

F 98988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 18 days How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. A. Vance Johnson

(a) Residence: No. 609 N. Church St. St., Ward Spartanburg S-Car

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
WIFE of (or) HUSBAND of Marguerite

6. DATE OF BIRTH (month, day, year) 5/6/98

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S-Car

FATHER

13. NAME W. L. Johnson

14. BIRTHPLACE (city or town) (State or country) S-Car

MOTHER

15. MAIDEN NAME Sallie Nash

16. BIRTHPLACE (city or town) (State or country) N.-Car.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Spartanburg S.C. Date Jan 29 35

19. UNDERTAKER John O. Mitchell Funeral Home

(Address) 1900 Eutaw Place

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1935 to Jan 24 1935

I last saw him alive on Jan 24 1935. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, rt	1/8/35
Other contributory causes of importance:	
Kobrilar pneumonia	1/14/35

Name of operation Ventriculotomy Date of 1/8/35

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1206

F 08989

F 08989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 S. Broadway V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blima Cohen

(a) Residence: No. 717 S Broadway St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Aaron

6. DATE OF BIRTH (month, day, year): 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Harry Cohen

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Hilda Cohen

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mrs Mary Schoen

(Address) 639 Fleet st

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Place Rosedale Date Jan 27, 1935

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1127 E Balto st

20. FILED JAN 27 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25. 1935 to Jan. 25. 1935

I last saw h[illegible] alive on Jan. 25. 1935. Death is said to have occurred on the date stated above, at 1.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Jan 25
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Evs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Rice M. D.

(Address) 24 S. Bway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 08990

F 08990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Aisquith St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Freda Pomerantz

(a) Residence: No. 505 Aisquith st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Pomerantz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs E. Steinberg

(Address) 505 Aisquith st

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date Jan 27, 1935

19. UNDERTAKER Sol Levinson & Bros

(Address) 1117 E Baltimore st

20. FILED JAN 27 1935, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to Jan 26, 1935

I last saw her alive on Jan 26, 1935 Death is said to have occurred on the date stated above, at 10:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance: —

Name of operation — Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Hornstein, M. D.

1/27/35 (Address) 733 Aisquith St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1-9 F 08991

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08991

CERTIFICATE OF DEATH

✓ 93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Sterling St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Simon Tates

(a) Residence: No. 937 Sterling St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 18/1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Evelyn Hance (Daughter)
(Address) 938 Enson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 27 1933

19. UNDERTAKER Mr Robert A. Elliott
(Address) 1129 Caroline St.

20. FILED JAN 27 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 24/1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mycardual Insufficiency	

Other contributory causes of importance:

Genl Arteriosclerosis
Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 508 6 Monroe

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208 F 08992 F 08992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 48

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3801 Frederick Ave. St., 20 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanche S. Pressler

(a) Residence: No. 3801 Frederick Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Pressler

6. DATE OF BIRTH (month, day, year) January 21, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	-	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Andrew J. Haight

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Rachel A. Griffin

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Miss Kate V. Haight
(Address) 3801 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date January 28 1935

19. UNDERTAKER Joseph B. Cook
(Address) 1003 E. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3. 1935 to Jan 25. 1935
I last saw her alive on Jan 25. 1935. Death is said to have occurred on the date stated above, at 5.15 P m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Uremia

Other contributory causes of importance:

Carcinoma of Cervix

Name of operation Biopsy Date of ...

What test confirmed diagnosis? Typical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thomas S. Bowyer M. D.

(Address) 3632 Frederick Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 513

M. D. B. 1268-F 08993 ✓ F 08993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Payson St. St., 20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Faith Frances Freiman

(a) Residence: No. 406 S. Payson St. St., Ward. ✱
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Eugene Freiman

14. BIRTHPLACE (city or town) Libau
(State or country) Latvia

MOTHER

15. MAIDEN NAME Anna Walters

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Eugene Freiman
(Address) 406 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Jan. 28 1935

19. UNDERTAKER Robt. Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 19..... Registrar.

JAN 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1935, to January 26, 1935.
I last saw her alive on January 25, 1935. Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia	Jan8/35
Acute Gastro Enteritis	Jan 15 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin&Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) Coral Gordon, M. D.
(Address) 3600 Kimble Road

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 F 08994 ✓ F 08994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 114-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital, Monument St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 15 mos. ... ds. How long in U. S. If of foreign birth? 33 yrs. ... mos. ... ds.

2. FULL NAME Joseph Zalewski

(a) Residence: No. ... Philadelphia, Pa St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Zeff

6. DATE OF BIRTH (month, day, year) July 24th 1893 41 yrs 6 mos 20 ds

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter, laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Marion Zalewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Julia Sobewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Dziekan

(Address) 225 Fitzwater St Phila Pa

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Yeadon Pa Date Jan 29th 1935

19. UNDERTAKER J. J. Heneghan & Son

(Address) 32 S. Broadway

20. FILED JAN 27 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9 1935, to Jan. 24 1935

I last saw him alive on Jan. 24 1935. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
abscess of left lung	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 08995

2340 Eutaw Pl. (for 2360) F 08995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-W

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Ruxton ave St., 15 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Goldman

(a) Residence: No. 2003 Ruxton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Fannie Goldman

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT David Goldman

(Address) 1703 N. Bentalou st

18. BURIAL, CREMATION, OR REMOVAL

Place Pot Cemetery Date 1-27-35 19

19. UNDERTAKER Geo. Lang & Co.

(Address) 1439 E. Eager st

20. FILED 1935 Registrar

JAN 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1934 to Jan. 26, 1935

I last saw h.. alive on Jan. 26, 1935. Death is said to have occurred on the date stated above, at 3.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease with Hypertension Angina Pectoris	few years
Other contributory causes of importance:	
Coronary Thrombosis (Acute)	3 days

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Swoyman, M. D.

(Address) 2340 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-3

F 08996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08996

CERTIFICATE OF DEATH

X 50

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Jesse Douglas Stup

(a) Residence: No. Frederick, Md - RFD#1 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Jesse Douglas Stup

6. DATE OF BIRTH (month, day, year) Feb 20, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 8 mo

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr. George Tabler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mrs Ida T. Cook

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Patient (from admission history)
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Frederick Md Date Jany 29th, 1935

19. UNDERTAKER C. E. Eline & Son
(Address) Frederick Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935, to Jan 27, 1935.

I last saw her alive on Jan 27, 1935. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1-18-35
Other contributory causes of importance:	
Carcinoma of breast, left	unknown
Operation for carcinoma of breast (radical mastectomy, left)	

Name of operation Radical Mastectomy, left Date of 1-17-35

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) F. E. Kuhn M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 58-9 F 08997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08997

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 11 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Jackson Cook.

(a) Residence: No. 1202 Guilford Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Cook.

6. DATE OF BIRTH (month, day, year) Mar 1-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER

13. NAME Wm Begley.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Frances Armstrong

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Chas Lythcott.
(Address) 1202 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Hanover Date Jan 28. 1935

19. UNDERTAKER Leo E. Cook
(Address) 1723 N Patterson Park Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/25. 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/6. 1934 to 1/25. 1935

I last saw her alive on 1/25. 1935 Death is said to have occurred on the date stated above, at 6.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roberta Petty M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 08998 ✓ F 08998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital. 19 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene Montgillion

(a) Residence: No. 218 So. Calhoun St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Montgillion

6. DATE OF BIRTH (month, day, year) June 17-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	7	7 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Elk Ridge
(State or country) Maryland

FATHER

13. NAME Lewis Montgillion

14. BIRTHPLACE (city or town) .....
(State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda ---

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Balto. City Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan. 28" 1935

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St

20. FILED ..... 19 .....
Registrar.

JAN 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on Inquiry 19 .... Death is said to have occurred on the date stated above, at 8.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured L. Colles (Right Fore) (Greenstick)	Dec. 24 1934.
Other contributory causes of importance: Bronch. Pneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 24, 34

Where did injury occur? Baltimore Maryland.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Workroom

Manner of injury Workroom

Nature of injury Fractured Heel.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos L. Valentine Jr. M. D.
Coroner

(Address) 16 South Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. F. 1268-9

F 08999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 08999

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Length of residence in city or town where death occurred 39 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christopher Anderson

(a) Residence: No. 312 E. 20½ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Minnie Anderson

6. DATE OF BIRTH (month, day, year): April 4, 1890

7. AGE: Years 44 | Months 9 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Buck Anderson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Irene ?

16. BIRTHPLACE (city or town) (State or country): ? Va

17. INFORMANT (Address): B.C.H. Records

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Date Jan 28, 1935

19. UNDERTAKER: Rayner & Sanders

(Address) 141 E. Preston St

FILED ..... 19..... Registrar.

JAN 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-23 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-3 1934 to 1-23 1935

I last saw him alive on 1-23 1935 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heard Disease ?	

Other contributory causes of importance: Myocardial Failure ?

Abscess, left leg ? Incised

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert T. Wootton M. D.

(Address) Balto City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1F 09000

107-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 N. Central ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Davage

(a) Residence: No. 924 N Central ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 4 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Davage

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Anna Banks

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Anna Davage

(Address) 924 N. Central ave

18. BURIAL, CREMATION, OR REMOVAL

Place asbury Cem Date Jan 28. 1935

19. UNDERTAKER Rayner Sanders

(Address) 1402 E. Preston St.

20. FILED JAN 27 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-23 1935 to 1-25 1935

I last saw him alive on 1-25 1935. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchio-Pneumonia	1/22/35
Other contributory causes of importance: Acute Bronchitis	

Name of operation No Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas R. Blake M. D.

(Address) 924 Fayette St

M. D. B 1268-9

F 09001 HEALTH DEPARTMENT—CITY OF BALTIMORE F 09001

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 So. Highland Ave St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth ? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Obemeyer

(a) Residence: No. 232 So. Highland Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gretchen Obemeyer

6. DATE OF BIRTH (month, day, year) Sept. 1-1891.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis

FATHER

13. NAME Charles F. Obemeyer

14. BIRTHPLACE (city or town) (State or country) St. Louis

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) St. Louis

17. INFORMANT Gretchen Obemeyer

(Address) 232 So. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Date Jan 27 1935

19. UNDERTAKER John C. Miller

(Address) 2435 E. Oliver St

20. FILED ... 19 ... Registrar.

JAN 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Inquiry 19 ... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 24 1935.
Other contributory causes of importance:	
Fall. Accident.	Jan. 23.

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 23 1935

Where did injury occur? Baltimore, Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down steps.

Nature of injury Struck head producing hemorrhage.

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John L. Weber M. D. Coroner

(Address) 16 South Broadway

N. B.—WRITE PLAINLY. All information should be given so that it may be properly classified. Exact statement of state CAUSE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

M. D. Form 262-1

F 09002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09002

CERTIFICATE OF DEATH

93-N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 Watson St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Mary Thomas~~ Mary Denby

(a) Residence: No. 1029 Watson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Milton Davis

(Address) 716 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date Nov 20 1935

19. UNDERTAKER Milton Davis

(Address) 716 N Carey St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 13 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If affirmative, specify .....

(Signed) H. W. Kemp M.D. Coroner

(Address) 1357 Pitcher Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Please use

JAN 14 1935

M. D. B. 12 F. 09003 ✓ F 09003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 748 Reservoir St. St., 13 Ward)

Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harriet B.Huber

(a) Residence: No. 748 Reservoir St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 25.1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry E.Huber Jr.

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Mary E. Durham

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry E. Huber Jr.
(Address) 748 Reservoir St.

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Run Date Jany 28.1934
Harford Co., Md.

19. UNDERTAKER John D. Pittenger & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 26.1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 . 1934 to Jan 26 . 1934

I last saw her alive on Jan 25 . 1934 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset Jan 24

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. C. Heckel M. D.

(Address) 3901 Garrison Boulevard

M. D. P. 1200 F 03004 ✓ F 09004

295009 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 135

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lonnie V Walker

(a) Residence: No. Neva St., Ward. Tennessee

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 10-5-96

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn

FATHER

13. NAME D. A. Cochran

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Cora Walker

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Neva-Tenn Date Jan 27/35.35

19. UNDERTAKER John G. Mitchell

(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Jan 27 1935

I last saw him alive on Jan 27 1935 Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bladder ulcer (Urinary)	
Ruptured bladder (Urinary)	Jan 25
Gas gangrene bac perfringens	Jan 26
Vesical Hemorrhage (Urinary)	

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of Jan 25

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter G. Baker M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN [illegible]

M. D. B 1268-4

F 09005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 So Gilmor St., 1 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frieda Rosenfeld

(a) Residence: No. 15 S. Gilmor St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Rosenfeld

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Slonimsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Olga Z

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Celia Greenman

(Address) 1531 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1-27-35 19

19. UNDERTAKER Jack Lewis Jr

(Address) 1439 E. Baltimore St

FILED JAN 27 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... 10 a.m. Death is said to have occurred on the date stated above, at 8 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Senile)	Jan 27-35
Other contributory causes of importance: Chronic Nephritis	2

Name of operation Autopsy Date Jan 27 35

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Kahn M. D. Coroner

(Address) 16 So Wood St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12 F 09006 ✓ F 09006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Eden St St., 3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A. Piccarille

(a) Residence: No. 422 S. Eden St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): June 23. 1911.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24.	7	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sailor U.S.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Construction Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Carmine Piccarille

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Constantina Spinna

16. BIRTHPLACE (city or town) (State or country): Italy.

17. INFORMANT: Carmine Piccarille
(Address) 422 S Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date January 29 1935

19. UNDERTAKER: Wendell Hespe
(Address) 300 S. Eden St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1935 to Jan. 25, 1935
I last saw h.im alive on Jan. 25, 1935. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/20/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene L. Perrazzo M. D.
(Address) 514 Drury Lane

M. D. P. F-09007

F 09007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5207 Catalpha Rd. St. 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Donnelly

(a) Residence: No. 5207 Catalpha Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles G. Donnelly

6. DATE OF BIRTH (month, day, year) Sept 13-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John G Clemgs

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Emma W. Hayland

16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

17. INFORMANT Charles G. Donnelly
(Address) 1207 Catalpha Rd

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Date 1/28/35

19. UNDERTAKER L. D. Rock
(Address) 530 N Hanford St.

29. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/24 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1934 to Jan. 24, 1935.

I last saw him alive on Jan 22 1935. Death is said to have occurred on the date stated above, at 4.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	3 yrs
Chronic Int. Nephritis	3 yrs
Other contributory causes of importance:	
Arteriosclerosis of Rectum	2 mos

Name of operation ... Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Robt. E. Hayes M. D.

(Address) 176 Cathedral St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v.d.3

M. D. B. 126 F 09008 ✓ F 09008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Lee Orem

(a) Residence: No. 2819 Bernard St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	9 10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Orem

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Dora Chalk

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT James Orem, (Address) 2819 Bernard St.

18. BURIAL, CREMATION, OR REMOVAL Bodkin Date Jan 28, 1935

19. UNDERTAKER Thompson Bros. (Address) 3610-12 Chestnut Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 25, 1935

I last saw him alive on Jan 25, 1935. Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (primary)	1-6-35
Other contributory causes of importance:	
Otitis Media	1-18-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) James S. Corbett M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250 F 09009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09009

107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 Charlcote Road, Ward 27)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Anderson Colston

(a) Residence: No. 184 Charlcote Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Eleanor Patterson Colston

6. DATE OF BIRTH (month, day, year) July 28. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Fredrick M. Colston

14. BIRTHPLACE (city or town) Leesburg (State or country) Virginia

MOTHER

15. MAIDEN NAME Clara Campbell

16. BIRTHPLACE (city or town) Mobile (State or country) Alabama

17. INFORMANT J. B. Litsinger

(Address) 194 Cold Spg. La. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 28 1935

19. UNDERTAKER Henry W. Jenkins Sons Co.

(Address) McCulloh & Orchard Sts

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 7th, 1935, to January 26th, 1935.

I last saw him alive on January 26th, 1935. death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclero - Pneumonia	Jan 17 1935

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) M. A. Dorsey, M. D.

(Address) Reston, Va.

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. Blanks

F 09010

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09010

CERTIFICATE OF DEATH

1-3 93-C

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 2344 Waldoo St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bernard

(a) Residence: No. 2344 Waldoo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of: Mary Bernard

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Joseph Bernard

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Frank Bernard Jr

(Address): 2344 Waldoo St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 28 1935

19. UNDERTAKER: Frank Brandt & Son

(Address)

20. FILED JAN 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19.....; Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chr Myocarditis	
Other contributory causes of importance: Genl Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John H. Guy M. D. Coroner

(Address) 508 E. Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

A&Co. F 09011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09011

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2808 Mayfield Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa C. Endres

(a) Residence: No. 2808 Mayfield Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 29-1927

7. AGE: Years: 7 | Months: | Days: 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ... | 11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Anthony Endres

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Catherine Dexter

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Anthony Dexter
(Address): 2808 Mayfield ave

18. BURIAL, CREMATION, OR REMOVAL
Where: Holy Redeemer Date: Jan 28, 1935

19. UNDERTAKER: Jos J Stertzbach & Son
(Address): 1126 N Fulton ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-27-35

22. I HEREBY CERTIFY, That I attended deceased from 1-24-35, 19..., to 1-27-35, 19...

I last saw h... alive on 1-26-35, 19... death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	1-24-35

Other contributory causes of importance:

Endocarditis	1 day

Name of operation: None Date of: 0

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Ross Ligo M. D.

(Address) 808 N Wolfe St

GPO 2-1935

GENERAL INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-35 F 09012

F 09012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Eden St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Jones

(a) Residence: No. 603 N Eden St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced (or) WIFE of Geo W Jones

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Snow Hill Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Alverta Ellen Coz

(Address) 603 N Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson's Cemetery Date 1/28/ , 1935

19. UNDERTAKER Mrs Chas H. Bailey

(Address) 1421 Jefferson St

20. FILED ..... , 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 , 1935 to Jan 24 , 1935

I last saw h[illegible] alive on Jan 23 1935. Death is said to have occurred on the date stated above, at 11 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	Jan 22 1935
Other contributory causes of importance:	
Severe Bronchitis	Jan 21 1935
Intestinal Parasites	
Nephritis	

Name of operation none Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R Young , M. D.

(Address)

INSTRUCTIONS—WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3 V

M. D. F. F. 09013

F 09013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 106 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rose M. Cochran

(a) Residence: No. 1700 De Sota Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Earl L. Cochran

6. DATE OF BIRTH (month, day, year) Aug 8, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 10/34

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Germany Penn.

FATHER

13. NAME Joseph Schlesowski

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Eva Mayerle

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT F. A. Schlesinski
(Address) 1700 De Sota Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Jan 30, 1935

19. UNDERTAKER Edwin W. Coughlin
(Address) 924 Eager St

20. FILED Jan 30 1935
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 35, 19 to Jan 27 35, 19

I last saw her alive on Jan 24 - 1935 Death is said to have occurred on the date stated above, at 6 00 a m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchiectasis — Date of onset

Other contributory causes of importance:
Entero-Colitis.
Generalized Peritonitis.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F.D. 09014

HEALTH DEPARTMENT—CITY OF BALTIMORE F 09014

CERTIFICATE OF DEATH

51-c

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Dernberger

(a) Residence: No. 1710 Collington Ave Ward.
(Usual place of abode) 6 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 3-1873

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. circus employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) (?) Ohio

FATHER

13. NAME Adam Dernberger

14. BIRTHPLACE (city or town) (State or country) NY State

MOTHER

15. MAIDEN NAME Louise Walter

16. BIRTHPLACE (city or town) (State or country) NY State

17. INFORMANT (Address) Balto. City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL
Place Cleveland Ohio Date 1/28 '35

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-17 1934 to 1-26 1935

I last saw him alive on 1-24 1935 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?
Mets to Pelvic Bones	?
Secondary Anemia	?

Other contributory causes of importance:
Intestinal Obstruction ?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Gault M. D.

(Address) Baltimore City Hospital

M. D. B. 126 F 09015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09015

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace E. Wright

(a) Residence: No. 1709 Rutland Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Child~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Foster E Wright

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elmore Walthousen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Foster E Wright

(Address) 1709 E Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 1/30 19 33

19. UNDERTAKER Wm Lotz

(Address) 1217 E Fayette St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27 1933

22. I HEREBY CERTIFY, That I attended deceased from January 23 1933 to January 27 1933

I last saw her alive on January 27 1933. Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - right upper lobe	
Impetigo contagiosa	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Spear M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 593

M. D. 20 F 09016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09016

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 104 W. Randall St. St., 23 Ward)

Length of residence in city or town where death occurred 58 yrs. --mos.--ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Snyder.

(a) Residence: No. 104 W. Randall St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married, widowed, or divorced~~ of ~~husband~~ wife Herma Snyder

6. DATE OF BIRTH (month, day, year) July 2, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey.

FATHER

13. NAME George Snyder.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Schaumbacher.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Delia Miller. (sister)
(Address) 1540 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 29th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

1/26/35 Signature Otto A. Reinhardt Coroner, M. D.
(Address) 1017 E. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

M. D. B. 1268-9

F 09017

F 09017 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital 1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Bailey

(a) Residence: No. 3101 Foster Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~WIFE~~ HUSBAND of Madora Bailey

6. DATE OF BIRTH (month, day, year) Mar 16th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa R. R. Co

10. Date deceased last worked at this occupation (month and year) Dec 9

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mc Quade

(Address) 3101 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 29th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 26-35
Other contributory causes of importance: Arteriosclerosis	
Name of operation None	Date
What test confirmed diagnosis?	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Valentine M. D.

Coroner

(Address) 16 So Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 29 1935

M. D. B. 1-9 F 09018

F 09018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 Gwynn Avenue St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Annette Gibson

(a) Residence: No. 350 Gwynn Avenue St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) July 23, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	15	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Daniel J. Gibson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Matilda Belt

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs. Matilda B. Gibson

(Address) 350 Gwynn Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 1/29 1935

19. UNDERTAKER Henry H. Myers & Son

(Address) 704 N. Eutaw St.

20. FILED JAN 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1935, to Jan 26, 1935

I last saw her alive on Jan 26, 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/24/35
Influenza	1/20/35

Other contributory causes of importance:

Myocarditis	1 yrs

Name of operation None Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert A. Blake, M. D.

(Address) Med. Arts Bldg.

S. 3

M. D. B. F 09019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09019

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 W. Hill St. St., 7-X Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. / mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Helen Williams. (C)

(a) Residence: No. 231 W. Hill St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	-/-	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME William Williams. (C)

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Eliza Brandell. (C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Malinda Stevens. (C) grand-mother.

(Address) 231 W. Hill St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cr Date 1/28/35 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

20. FILED ... 19 ... Registrar.

AR 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

1/26/35 (Address) 1017 E. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 56

M. F. 16 F 08020 F 09020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Raymond Cunliffe

(a) Residence: No. 1005 Winding Way St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Cunliffe

6. DATE OF BIRTH (month, day, year) Dec. 14, 1881

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	53	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Distributor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cunliffe Cadillac Co

10. Date deceased last worked at this occupation (month and year) 0035

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camden, New Jersey

FATHER

13. NAME William Howard Cunliffe

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Phila Pa Date Jan. 30, 1935

19. UNDERTAKER Wm. Wickersham Sons
(Address) North & Pulaski.

20. FILED JAN 28 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1935 to Jan 26, 1935

I last saw him alive on Jan. 26, 1935. Death is said to have occurred on the date stated above, at 7½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan 19, 1935

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Claude Elliott Babcock, M. D.

(Address) Emergency Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 **F 09021**

F 09021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4306 Garrison Blvd St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Mahorney

(a) Residence: No. 4306 Garrison Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura A. Mahorney

6. DATE OF BIRTH (month, day, year) Nov 5 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. Mahorney

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mullen

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Maud E Rowan

(Address) 4306 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Jan 28 19 35

19. UNDERTAKER H. Leidy & Sons

(Address) North Penna

(Title) Registrar.

JAN 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26/35 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1/35 19 to Jan 26/35 19

last saw h in alive on Jan 24/35 19 Death is said to have occurred on the date stated above, at 6 Am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Other contributory causes of importance:	
Carcinoma of stomach	
Arterio sclerosis	1928

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Walter D Hubbard M. D.

(Address) 2220 Garrison Blvd

V 53

WARNING: WHEN ENTERING DATA—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12

T 09022

F 09022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Cedardale Rd 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willis Howard Ford

(a) Residence: No. 3804 Cedardale Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Electa A. Ford

6. DATE OF BIRTH (month, day, year) June 27, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	7	0	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Div. Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston & Maine RR.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Bethel Vt

FATHER

13. NAME Caleb Ford

14. BIRTHPLACE (city or town) (State or country) Bethel Vt

MOTHER

15. MAIDEN NAME Harriett Spaulding

16. BIRTHPLACE (city or town) (State or country) Vt

17. INFORMANT Mr. Howard W. Ford

(Address) 2612 Cedardale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 29 1935

19. UNDERTAKER Wm. H. Sisk & Son

(Address) North & Pennsylvania Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1935 to Jan. 27 1935.

I last saw him alive on Jan. 26 1935. Death is said to have occurred on the date stated above, at 7.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	1/25/35
Other contributory causes of importanre:	
Arteriosclerosis	?
Glaucoma Macular Degen. Both Eyes	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wesley Cole M. D.

(Address) 2702 Ormonde Ave

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 29 1935

M. D. F 09023

F 09023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Homestead St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Plummer

(a) Residence: No. 708 Homestead St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Plummer

6. DATE OF BIRTH (month, day, year): May 11, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8.	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1905

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John W. Plummer

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Clara Mouce

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs Blanche Osborne 708 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 29. 1935

19. UNDERTAKER (Address): Wm J. Fechmer & Son Hanover Pa

RECEIVED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from about 2 weeks to date of death 19

I last saw him alive on Jan 22, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular disease of heart.	Was ill about 1 year when Jan 25
Aortic insufficiency	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Prentiss, M. D.

(Address) 634 Gorsuch Ave

Form 3

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16

M. D. B. 126 F 09024

HEALTH DEPARTMENT—CITY OF BALTIMORE F 09024

CERTIFICATE OF DEATH 150

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hos. St. 2-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Broughton Ogden

(a) Residence: No. 4907 Edmondson Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry H. Ogden

6. DATE OF BIRTH (month, day, year): Aug. 5, 1889

7. AGE: Years 45 | Months 5 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Milton J. Byrd
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Belle B. Smith
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. Harry H. Ogden
(Address): 4907 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Jan. 29, 35

19. UNDERTAKER: Wm. H. Tucker & Sons
(Address): North & Pulaski

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1935, to Jan. 27, 1935

I last saw him alive on Jan. 26, 1935. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar, bilateral
Caused by Tuberculosis of both
lungs with metastases to the
pericardium and surrounding
tissues

Date of onset: Jan. 5, 35

Other contributory causes of importance:

Last X-ray of chest Jan. 19, 35

Name of operation Biopsy Sept. 17, 34 Date of

What test confirmed diagnosis? Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frank M. Ogden M. D.

(Address) 2701 N. Calvert St.

JUN 3 1935

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16

M. D. F. 126 F 09025

F 09025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 N. Eulaski St., 15 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Herbert Robust

(a) Residence: No. 2201 N. Eulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katie M. Robust

6. DATE OF BIRTH (month, day, year): Jan. 28, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Balto.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: John P. Robust

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Fishpaw

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Katie M. Robust
(Address) 2201 N. Eulaski St

18. BURIAL, CREMATION, OR REMOVAL
Place: Savage Md. Date: Jan 29 1935

19. UNDERTAKER: Wm. Tucker & Sons
(Address) North & Pearre.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1934 to January 26 1935.

I last saw him alive on Jan 24 1935. Death is said to have occurred on the date stated above, at 11.15a m

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis - Chronic
Myocarditis -
Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) O. Walter Fournier M.D. M. D.

(Address) 3603 Edmondson Ave

V S 3

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. Nos. F 09026

F 09026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 519 Robert St., 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas L Johnson

(a) Residence: No. 519 Robert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Mary Hazell
(Address) 519 Robert St

18. BURIAL, CREMATION, OR REMOVAL

Place Bet. Auburn Date Jan 28 — 1935

19. UNDERTAKER Jos Geo H. Holland
(Address) 1621 Lanvale St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Link Coroner, M. D.

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 **F 09027** ✓ **F 09027**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Fox

(a) Residence: No. 1830 E. Fairmount Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zelda

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 13

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michael Fox

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Linda

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Shaw Memorial Dec. 1/28/35 19

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED JAN 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28/35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1935 to Jan. 28 1935

I last saw him alive on Jan. 28 1935. Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Auricular fibrillation	

Other contributory causes of importance:

Hernioplasty	

Name of operation Hernioplasty Date of 1/25/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Bernard W. Talbot M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C.-S. 3

JAN 29 1935

M. D. B. 126 T 09028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09028

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH Sinai Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Hendin

(a) Residence: No. 4525 Pimlico Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Hendin

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Walter Hendin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ann

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Kate Hendin
(Address) 4525 Pimlico Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 1-28-35

19. UNDERTAKER Jack Levin Inc
(Address) 1429 E. Lafayette Ave

20. FILED ... 19 ... Registrar.

JAN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1935 to 1-27 1935.

I last saw him alive on 1-27-35 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	1/25/35
Other contributory causes of importance: Prostatectomy	1/24/35

Name of operation Prostatectomy Date of 1/24/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward O. Kelling M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

F 09029 Maccioli

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09029

160-B

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3723 E. Oliver St. No Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Maccioli

(a) RESIDENCE NO. 3723 E. Pratt St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): January 26 1935

7 AGE: Years | Months | Days | IF LESS than 1 day ..... hrs. or 10 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town): Balto.

(State or country): Md.

PARENTS

10 NAME OF FATHER Ubaldo Maccioli

11 BIRTHPLACE OF FATHER (city or town): [illegible]

(State or country): Italy

12 MAIDEN NAME OF MOTHER Mary DiFazio

13 BIRTHPLACE OF MOTHER (city or town): Balto

(State or country): Md.

14 Informant: Ubaldo Maccioli

(Address): 3723 E Pratt

15 Filed ....., 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jan. 26 - 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1935, to Jan. 26, 1935,

that I last saw h— alive on Jan 26, 1935,

and that death occurred, on the date stated above, at 10.40 P.M.

The CAUSE OF DEATH* was as follows:

Difficult - Prolonged Labor

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of operation? —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Thibaut Artigas, M. D.

, 19 (Address) 2401 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus — Date of Burial: 1/28 1935

20 UNDERTAKER: Charles B Fuchsenberg — ADDRESS: 637 North Pkwy

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 12-49 F 09030 ✓ F 09030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 Conkling St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald G. Leroy Martin

(a) Residence: No. 740 Conkling St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 14, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Conrad Martin

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Audrey Cookson

16. BIRTHPLACE (city or town) Rhine (State or country) Germ

17. INFORMANT Conrad Martin

(Address) 740 S Conkling

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 30 1935

19. UNDERTAKER John Aldick

(Address) 2008 Aliceanna

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 1935 to Jan. 26 1935

I last saw him alive on Jan 26 1935. Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: none

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. L. Fitz M. D.

(Address) 418 Cathedral

V. S. 3

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-

F 09031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09031

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N Clinton St., W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Hopkins

(a) Residence: No. 505 N Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm A. Hopkins

6. DATE OF BIRTH (month, day, year) May 10 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Robert Crist

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Mitchell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Collins Balto

(Address) 505 N Clinton

18. BURIAL, CREMATION, OR REMOVAL

Place Orchard St Cem Date Jan 28 1935

19. UNDERTAKER John Welch

(Address) 822 E Biddle

20. FILED Jan 28 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Jan 26 1935

I last saw her alive on Jan 25 1935 Death is said to have occurred on the date stated above, at 6:7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Advanced	Jan 22 35
acute Cardiac Dilatation	Day

Other contributory causes of importance:

Name of operation Date of

What tests to confirm diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Y S 3

M. D. B. 1268-9

Delores Mills ✓

F 09032 HEALTH DEPARTMENT—CITY OF BALTIMORE 09032

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 n Dallas St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delores Mills

(a) Residence: No. 1319 n Dallas St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 2-1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Charles Mills

14. BIRTHPLACE (city or town) N C
(State or country)

MOTHER

15. MAIDEN NAME Martha Cheek

16. BIRTHPLACE (city or town) N C
(State or country)

17. INFORMANT Martha Mills
(Address) 1319 n Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place FH Gehring Cem Date Jan 28th 1935

19. UNDERTAKER Frank Robert A. Elliott
(Address) 1129 Harlem Ave

20. FILED JAN 28 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-19 1935 to 1-26 1935

I last saw her alive on 1-25 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia (Primary type)	1-18-35

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Leo S Allen M. D.

(Address) 507 Aisquith St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 09033 F 09033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W. Pacca St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME

(a) Residence: No. ... St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
		Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date 1-30- 35

19. UNDERTAKER Bernard F. Hemsley
(Address) 818 North Fulton Ave

20. FILED JAN 28 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26 , 19 35

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to 1-26 19 35

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Pneumonia	

Other contributory causes of importance:

Gall Bladder Infection	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... M. D.
(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

F 09034

F 09034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 738 Pierce ST., 17 WARD)

2-FULL NAME James Harvey Williams

(a) RESIDENCE NO. 738 Pierce ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or ~~WIFE of~~: Louise Williams

6 DATE OF BIRTH (month, day, and year): Jany 19, 1899

7 AGE: Years 36 | Months - | Days 2 | If LESS than 1 day, hrs. or min. 5-

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Robert F. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Bertha Coates

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Essex Co

14 Informant: Mabel Lucas

(Address): 231 Myrtle Ave

15 Filed JAN 28 1935, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 24, 1935

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1934 to Jany 24, 1935.

that I last saw him alive on Jany 23, 1935.

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis

(duration) yrs. 7 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? regular

(Signed) W. F. Howell M. D.

1/26/ 1935 (Address) 601 W Lanvale Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Jan 28, 1935

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 09035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09035

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Spathdore St. 27 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathaniel Williams

(a) Residence: No. 1122 Spathdore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy Williams

6. DATE OF BIRTH (month, day, year) April 15, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Days work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alexander Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Temple Stewart
(Address) 1024 N. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 1/28 '35

19. UNDERTAKER T. G. Kelson
(Address) 1303 Pressman St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26- '35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	
(Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Mossussey M. D.
(Attending Physician or Coroner)

(Address) 362 Roland Ave

Use BLACK INK in filling this CERTIFICATE. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Write in plain terms, so that it may be properly classified.

M. D. F 09036

F 09036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 S Potomac St., 1 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Cull.

(a) Residence: No. 741 S Potomac St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wh.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Cull.

6. DATE OF BIRTH (month, day, year) July 22-1862

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	72	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltom.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT (Address) August Cull 741 S Potomac.

18. BURIAL, CREMATION, OR REMOVAL Place Cath Cem. Date Jan 28 1935

19. UNDERTAKER (Address) Fuller & Edelen 441 S Eutaw St.

20. FILED ... 19... Registrar.

JAN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14 1935 to Jan 25 1935

Last saw h[er] alive on Jan 24 1935. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation No Date of ...

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J Joseph Tourkow M. D.

(Address) 441 S. Ellwood Ave

M. D. F 1268-9

F 09037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09037

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2902 Markley Ave 27 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lorenzo D. Boice

(a) Residence: No. 2902 Markley Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte L. Boice

6. DATE OF BIRTH (month, day, year) Aug. 14. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoemaker odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1922

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Boice

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charlotte L. Boice
(Address) 2902 Markley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Jan 29 1935

19. UNDERTAKER Mr & Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1934 to Jan 27 1935

I last saw him alive on Jan 27. 1935 Death is said to have occurred on the date stated above, at 24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis & Endocarditis	Unknown

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. B. Dyer M. D.

(Address) 2802 Harford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09038

09038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3614 Fairview Ave. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles W. Strohm

(a) Residence: No. 3614 Fairview Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma L. Strohm

6. DATE OF BIRTH (month, day, year) Jan - 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlisle Pa.

FATHER

13. NAME David Strohm

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Keller

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Emma L. Strohm
(Address) 3614 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Ashland Cemetery Carlisle Pa. Jan 30th 1935

19. UNDERTAKER Chrissie Miller & Son
(Address) 2334 Eastern Ave

20. FILED 28 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 18/35 . 19 ... to Jan 28/35 . 19 ...
I last saw h~~im~~ alive on Jan 27 . 19 35 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - pneumonia	Jan 18/35

Other contributory causes of importance:

Myocarditis	June 1934

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury . 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter L. Hubbard M. D.
(Address) 2220 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

Spec.—1-10-21—MAT—1500 Blks.

09039 ✓ F 09039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1107-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Gorgas Ave St. 13 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Zodic Kaufman

(a) RESIDENCE NO. 1705 Gorgas Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, ~~Widowed~~, or ~~Divorced~~, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 6 72 or 57

7 AGE: ~77 Years | 3 Months | 5 Days | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Office Equipment

(c) Name of employer: Myers Mailheimer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Herby Kaufman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Sophie Rothschild

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Herbert Kaufman (Address) 1701 Gorgas Ave City

15 JAN 28 1935 ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 27th 1935

17

I HEREBY CERTIFY, That I attended deceased from Dec 31st, 1934, to Jan 27, 1935,

that I last saw h[illegible] alive on Jan 27, 1935,

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 28 ds.

CONTRIBUTORY (Secondary) Oedema Lungs

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Exam + Hist

(Signed) Joseph Lyckum, M. D.

Jan 29, 1935 (Address) 3261 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Bel Air Hebrew Cemetery — DATE OF BURIAL: Jan 29/1935

20 UNDERTAKER: J. H. Krauss & Co — ADDRESS: 2432 Reisterstown Rd

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 09040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09040

159

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Herman

(a) Residence: No. 430 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6. DATE OF BIRTH (month, day, year): 1-26-35

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Wm. B. Herman

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Caroline M. Hofmeister

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Caroline Herman

(Address): same 430 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place: J. H. Med School Date: Jan 28, 1935

19. UNDERTAKER

(Address)

Filed: JAN 28 1935 Registrar.

78

1073

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1935 to 1-28, 1935

I last saw him alive on 1-28, 1935 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (7 months)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. J. Comey, M. D.

(Address) Vol. Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 09041

HEALTH DEPARTMENT—CITY OF BALTIMORE

09041

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2117 Walbrook Ave St., 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Holtz

(a) Residence: No. 2117 Walbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Holtz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rosa Walker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Walter T. Holtz
(Address) 1208 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Jan. 29 1935

19. UNDERTAKER Martin Fahey & Sons
(Address) 1827 W. North Ave.

FILED JAN 28 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1933 to Jan. 27 1935

I last saw h alive on Jan. 26 1935 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Benj. Sanchez M. D.

(Address) 2128 W. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09042

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Tremont Road St. 28 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Jane Dill

(a) Residence: No. 210 S. Tremont Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Dill

6. DATE OF BIRTH (month, day, year) October 3, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Francis M. Forrest

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER

15. MAIDEN NAME Lucy Ann Fisher

16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT Mrs. Lettie F. Dekees

(Address) 210 S. Tremont Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 29 1935

19. UNDERTAKER Joseph L. Cook

(Address) 1003 W. Baltimore St.

JAN 28 1935

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) January 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1934 to Jan 26 1935

I last saw her alive on Jan 25 1935 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	Jan 14, 1935
Pneumonia Bronchial	Jan 21, 1935

Other contributory causes of importance:

Hypertension	1933
Arterio-Sclerosis-Senile	1933

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edred W. Johnson, M. D.

(Address) 3432 Frederick Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 lbs.

F 09043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

09043

50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 3547 S Hanover ST. 25 WARD)

2-FULL NAME Rose May Autcliffe

(a) RESIDENCE NO. 3547 Hanover St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm H Autcliffe

6 DATE OF BIRTH (month, day, and year): Aug 19th 1891

7 AGE: Years 43; Months 5; Days 8; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: Self-Home

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

PARENTS

10 NAME OF FATHER: Jos H Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto, Md.

12 MAIDEN NAME OF MOTHER: Rose Flynn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mrs. Florence Helmes sister 306 Jeffrey St Huntington, W. Va.

15 Filed: NOV 28 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12 15 Am Jan 27-35

17 I HEREBY CERTIFY That I attended deceased from Sept 24th 1934 to Jan 26th 1935.

that I last saw her alive on Jan 26th 1935.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma, liver

(duration) One yrs. mos. ds.

CONTRIBUTORY (Secondary): Carcinoma, breast, rt

(duration) One yrs. mos. ds.

18 Where was disease contracted if not at place of death? Breast

Did an operation precede death? Date Sept 28-1934

Was there an autopsy? No

What test confirmed diagnosis? Path of breast & fundus

(Signed) Robert W Johnson M. D.

19 (Address) 3564 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: 1/29 1936

20 UNDERTAKER: E. D. Fanning & Son - 1938 Lafayette Ave

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

M. D. B. 1268-9 **F 09044**

F 09044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Piaget Shanks

(a) Residence: No. 3014 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise N. J. Shanks

6. DATE OF BIRTH (month, day, year): March 24 1878

7. AGE: Years 56 | Months 10 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Instructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Johns Hopkins University

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Ipswich Suffolk

MOTHER FATHER

13. NAME: Robt Shanks

14. BIRTHPLACE (city or town) (State or country): Albany New York

15. MAIDEN NAME: Sophia Piaget

16. BIRTHPLACE (city or town) (State or country): Unknown New Jersey

17. INFORMANT (Address): Mrs Louise N. J. Shanks (wife) 3014 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place: Lynn Mass Date: Jan 30 1935

19. UNDERTAKER (Address): Kurtz Funeral Co Courtland Ave.

20. FILED Jan 29 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26th, 1935, to Jan 28th, 1935

I last saw him alive on Jan. 28, 1935. Death is said to have occurred on the date stated above, at 5.46 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple infarction of lungs - bilateral	1/25/35 ?
Malignancy of brain - infiltrating glioma	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-0 **F 09045** **F 09045**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2609 Chesterfield Ave Ward) 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Generetta Kuanuman

(a) Residence: No. 2609 Chesterfield Ave St., Ward. Brooklyn N. Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Kuanuman

6. DATE OF BIRTH (month, day, year) Sept 10, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME John Bunder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Charles Kuanuman

(Address) 2609 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Brooklyn N.Y. Date Jan 29th 1935

19. UNDERTAKER Leo G. Cook

(Address) 1723 N. Patterson Park Ave

20. FILED Jan 29 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 11. 1935. to January 28. 1935.

I last saw h.e.r alive on January 23. 1935 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident	Jan 8 1935
La Grippe	Jan 21 1935

Other contributory causes of importance:

Bronchial Pneumonia	Jan 26 1935

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Jan 8 1935

Where did injury occur? Philadelphia Pa 12 miles from Phila (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On road

Manner of injury Car turned over

Nature of injury Several fractured ribs

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas H. Edmunds M. D.

(Address) 2716 Alameda Blvd.

OK. Joseph Pokorny M.D.

Jan 29 1935

s 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 09046

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09046

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N. Green St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Layer Dickson

(a) Residence: No. 424 N. Green St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Fran May Dickson

6. DATE OF BIRTH (month, day, year) Oct 30th 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Telegraph Operator

9. Industry or business in which work was done, as saw mill, bank, etc. Retired Telegraph Co

10. Date deceased last worked at this occupation (month, year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robert Dickson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia E. Layer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillian M. Gerhardt
Tabbs Rd Brooklandville Md

18. BURIAL, CREMATION, OR REMOVAL
Linwood Cem. D.C. Date Jan 30th 1935
Place Washington

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edgar Tellot M. D.
Coroner

(Address) 539 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 09047

M. D. B. 1268-9

F 09047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2201 West Balto St., (Ward) 20

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude E. Ashley

(a) Residence: No. 2201 West Balto St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND (or) WIFE of: Charles S. Ashley

6. DATE OF BIRTH (month, day, year): June 12, 1855

7. AGE: Years 79 | Months 7 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER

13. NAME: James M. Gordon

14. BIRTHPLACE (city or town) (State or country): Washington D. C

MOTHER

15. MAIDEN NAME: Sarah E. Brown

16. BIRTHPLACE (city or town) (State or country): Balto Maryland

17. INFORMANT: Alice V. Ashley

(Address) 2201 West Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Jan 30 1935

19. UNDERTAKER: Merriam Cook

(Address) 1217 St Paul Street

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1935 to 1/27 1935

I last saw h... alive on Jan 26, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis — Hypertension — Date of onset Jan 1934

Other contributory causes of importance: Thyroiditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas A Cullen M. D.

(Address) 2140 W Balto St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M S 3

F 09048

M. D. H. 68-3 F 09048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 E. Fort Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E Waters

(a) Residence: No. 74 E Fort Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~: Mabel Waters

6. DATE OF BIRTH (month, day, year): Jan 19 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: William T. Waters

14. BIRTHPLACE (city or town) (State or country): Ellicott City Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mabel Waters

(Address) 72 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Jan 30 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24. 1935 to Jan. 27. 1935

I last saw him alive on Jan. . 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/24/35
Exhaustion	1/26/35

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Neil S. Campbell M. D.

1/28/35 (Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

Spec. F 09049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09049

92-a

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH Home for the aged of the M. E. Church

City of BALTIMORE: (No. 2211 Rogers Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Mary Kirby

(a) RESIDENCE NO. 2211 Rogers Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life time How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 17 1860

7 AGE: Years 74 Months 10 Days 11 IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Kirby

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Elizabeth Jones

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Baltimore Md.

14 Informant Effa Cuddy

(Address) 2211 Rogers Ave

Filed ... 1935 ... Registrar.

JAN 29 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Jany 28. 1925

17

I HEREBY CERTIFY, That I attended deceased from Jany 24 1935, to Jany 28, 1935, that I last saw h.. alive on Jany 27, 1935, and that death occurred, on the date stated above, at 1.25 ~~p.m.~~ 1.25 a.m.

The CAUSE OF DEATH* was as follows:

Bronchitis Chronic

(Duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY Endocarditis

(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy! No Clinical methods

What test confirmed diagnosis!

(Signed) George E. Thomson, M. D.

1/29 1935 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: Jan 29 1935

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. F-09050 F 09050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 E. 32 St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna S. Ford

(a) Residence: No. 1702 E. 32 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas J. Ford

6. DATE OF BIRTH (month, day, year) Apr. 23. 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Pittsburgh Pa.
(State or country)

FATHER

13. NAME Valentine Stroman

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Sophia Meyer

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Thos. J. Ford
(Address) 1702 E. 32 St.

18. BURIAL, CREMATION, OR REMOVAL
Interment Place Loudon Park Date 1/09/35 19

19. UNDERTAKER Jno. A. Rutt & Son
(Address) 1700 E. Fayette St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934, to June 27, 1935

I last saw h..... alive on June 26, 1935. Death is said to have occurred on the date stated above, at 2:47 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	8-23-34
Anemia	12-31-34

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Thos. J. Ford M. D.

(Address) 1878 Stanford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev. 3

M. D. F. 1068-9 **F 09051** **F 09051**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34C-93C

1. PLACE OF DEATH U. S. Marine Hospital, Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wyman Park Drive, Balto. Md. 6 Ward)

Length of residence in city or town where death occurred .yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank G. York

(a) Residence: No. Broadway Hotel, Baltimore, Md. St., Ward Santa Monica Cal.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	separated

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Catherine Soper

6. DATE OF BIRTH (month, day, year) January 27, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) NOV. 18, 1934

11. Total time (years) spent in this occupation unk.

12. BIRTHPLACE (city or town) (State or country) Monkato, Minn.

FATHER

13. NAME James F. York

14. BIRTHPLACE (city or town) (State or country) Youngstown, N.Y.

MOTHER

15. MAIDEN NAME Armento Klein

16. BIRTHPLACE (city or town) (State or country) Dexter, Ohio

17. INFORMANT U.S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
(Place) St Mary's Garden. Date Jan 29, 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 1255 E. North Ave.

JAN 29 1935 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1934 to January 25 1935

I last saw him alive on January 25, 1935. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	unk.
Other contributory causes of importance:	
Syphilitic aortitis	unk.
Infarction, pulmonary, right, middle and lower lobes	10 das.

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) E. R. Ceder, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 09052

M. D. P. 126

F 09052

HEALTH DEPARTMENT—CITY OF BALTIMORE

29507 / ✓ 46-W

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Lutz

(a) Residence: No. 1608 N Gay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lula

6. DATE OF BIRTH (month, day, year): 7-24-78

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 608

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Henry Lutz

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Dietoway

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Jan 29, 1935

19. UNDERTAKER Leo. J. Crook

(Address) 1723 N. Patterson Park Ave

20. FILED ..... 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1935 to Jan 27, 1935

I last saw h. m alive on Jan 27, 1935 Death is said to have occurred on the date stated above, at 1.06 Am.

The principal cause of death and related causes of importance were as follows:

Squamous cell carcinoma of oesophagus invading trachea.

Date of onset apparently about one year ago

Other contributory causes of importance:

Name of operation Gastrostomy Tracheotomy Date of 6-7-34 12-15-34

What test confirmed diagnosis Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. O'Dell, Jr, M. D.

(Address) Johns Hopkins Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 12 F 09053 F 09053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34 d

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Anderson.

(a) Residence: No. 1718 Cairo St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Anderson.

6. DATE OF BIRTH (month, day, year) 6/7/70.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59.	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Anderson.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Bryant.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lucy Lewis (sister.
(Address) same address.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 1/30 19 35

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Presstman St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 19 35

22. I HEREBY CERTIFY, That I attended deceased from 9/18 19 34 to 1/26 19 35

I last saw him alive on 1/26 19 35 Death is said to have occurred on the date stated above, at 4 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	
Syphilitic	15 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

INSTRUCTIONS: It is the duty of every physician, undertaker, or person in charge of any case of death to see that a certificate is filed with the Registrar of Vital Statistics. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

F 09054

HEALTH DEPARTMENT—CITY OF BALTIMORE 09054

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1100 Eaton Ave St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Annie Welsh

(a) Residence: No. 812 North Calvert St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Welsh

6. DATE OF BIRTH (month, day, year) Nov 1-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward Stapleton

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Christina Furnes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Jenkins Memorial Hosp.

(Address) 1100 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Jan 30 1935

19. UNDERTAKER Chas. H. Eyring & Son

(Address) 1100 Eutaw Place

21. FILED JAN 29 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to January 27 1935

I last saw h[illegible] alive on January 27 1935 Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

Hypertension of Arteriosclerosis 1925

Chronic Myocarditis

Congestive Heart failure

Pulmonary edema 1-22-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) Hagers Hospital

X S 3

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 09055

F09055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1859 N. Collington Ave St., 8 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Barbara Caldwell

(a) Residence: No. 1859 N. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND (or) WIFE of Ernest E. Caldwell

6. DATE OF BIRTH (month, day, year) July 17 - 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30 Yrs	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John T. Rusk

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Caroline B. Hagemann

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John T. Rusk
(Address) 1859 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
place Loudon Park Cemetery Date Jan. 31 1935

19. UNDERTAKER Henry Houck & Sons Inc
(Address) 1301 E. Eager St

Jan 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1935 to Jan 27 1935

I last saw h[illegible] alive on Jan 27 1935 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1920

Other contributory causes of importance: None

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Wm. Pearce M. D.

(Address) St. Paul & Eutaw Sts.

FEB 20 1935

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

53 3

M. D. B. 1268-9

F 09056 HEALTH DEPARTMENT—CITY OF BALTIMORE F 09056

CERTIFICATE OF DEATH

X 11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St., or L. Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth F. Athey

(a) Residence: No. Winchester, Va., St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced (or) WIFE of: Joseph C. Athey

6. DATE OF BIRTH (month, day, year): Jan. 24, 1912

7. AGE: Years 23 | Months 0 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Paige County, Va.

FATHER

13. NAME: James R. Campbell

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Charles C. Athey

(Address) Winchester Va

18. BURIAL, CREMATION, OR REMOVAL

Place: Luray Va Date: Jan 29, 1935

19. UNDERTAKER: Wilson & Bros

(Address) Luray Va

20. FILED JAN 29 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1935 to Jan. 25, 1935

I last saw h[illegible] alive on Jan. 25, 1935 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe	Jan. 11, 35
Bronchopneumonia	Jan. 16, 35

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maud Elliott Babcock M. D.

(Address) Md. General Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JAN 29 1935

F 09057

M. D. B 126 F 09057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin Otto

(a) Residence: No. 1259 Washington Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Evelyn Otto

6. DATE OF BIRTH (month, day, year) October 30, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	80	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Henry Sonneborn Co.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Evelyn Otto
(Address) 1259 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date January 30, 35

19. UNDERTAKER Joseph B. Cook
(Address) 1005 W. Baltimore St.

20. Filed JAN 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from injury, 19... to ... 19...

I last saw him alive on injury, 19... Death is said to have occurred on the date stated above, at 9.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Right Femur	12/30/34
Broncho Pneumonia.	1/25/35

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/30, 1934

Where did injury occur? Washington Blvd. & Carey St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Sonny, M. D.
Coroner

(Address) 2200 E. Madison St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. F. F 09058 F 09058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Kirkwood.

(a) Residence: No. 2136 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Kirkwood.

6. DATE OF BIRTH (month, day, year) 2/20/1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles Nemes

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Frances Bamisch

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Husband
(Address) above address

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memory Park Date Jan. 30 1935

19. UNDERTAKER Enoch Pratt Son
(Address)

FILED JAN 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/8, 1934, to 1/27, 1935

I last saw her alive on 1/27, 1935 Death is said to have occurred on the date stated above, at 1:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1/26/35
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 12 F 09059

F 09059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Bond

(a) Residence: No. 2218 Oak st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 20, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wesley Bond

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Peck

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Jan 29 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar

JAN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1934 to January 25, 1935

I last saw him alive on January 25, 1935. Death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	Unknown
Pulmonary tuberculosis	April 1934

Other contributory causes of importance:

Diabetes mellitus	Unknown

Name of operation. ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. F 09060 ✓ F 09060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 5-N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johns Henry Johnson

(a) Residence: No. 111 E Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Johnson.

6. DATE OF BIRTH (month, day, year) 8/11/65

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Alfred Johnson.
14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary ?
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records Bur.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med School Date Jan 29 19 35

19. UNDERTAKER
(Address)

20. FILED JAN 29 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1935 to 1/26 1935

I last saw him alive on 1/26 1935 Death is said to have occurred on the date stated above, at 9:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (?)	(?)
Diabetes mellitus c coma (?)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 8-9 **F 09061** ✓ **F 09061**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 27 St., Ward)

Length of residence in city or town where death occurred 10 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvanus Lamb

(a) Residence: No. 501 E. 47th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Lamb

6. DATE OF BIRTH (month, day, year) [illegible] 20 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) (?) Va

FATHER

13. NAME John Lamb

14. BIRTHPLACE (city or town) (State or country) (?) W. Va

MOTHER

15. MAIDEN NAME Hannah McEntire

16. BIRTHPLACE (city or town) (State or country) (?)

17. INFORMANT (Address) Balto City Hospt. Records Dept

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Jan 24, 1935

19. UNDERTAKER

Address

Filed [illegible] 23 1935

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1934 to 1-25, 1935

I last saw h alive on 1-25, 1935 Death is said to have occurred on the date stated above, at 6 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	2
Other contributory causes of importance Arteriosclerotic Heart Disease Emaciation Secondary Anemia	? ? ? ?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, [illegible]

(Signed) Samuel Ford M. D.

(Address) Balto City Hospt

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 09062

F 09062 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2944

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Barber

(a) Residence: No. 1825 E Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/15/00

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oyster shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oyster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Zora Shorter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date Jan 30 1935

19. UNDERTAKER Robt. T. Williams

(Address) 1515 McElderry St

Huntington Ave

(Registered)

29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1935, to Jan 27, 1935

I last saw h— alive on Jan 27 1935. Death is said to have occurred on the date stated above, at 6.55 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Jan 20
Pneumococcus meningitis	Jan 25

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hanford M. Hardy, M. D.

(Address) Johns Hopkins Hospital Baltimore Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09063

F 09063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4809 Calumet ave St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 05 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Dalan

(a) Residence: No. 4809 Calumet ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Dalan

6. DATE OF BIRTH (month, day, year) May 30-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret from U.S. Navy 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Helm[illegible] Del

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Dalan

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Dunn

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Eliz Dalan

(Address) 4809 Calumet ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 31. 1935

19. UNDERTAKER Lilly & Zeulendorf

(Address) 401 N Eden St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 26 - 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1929 to Jan 27 1935

I last saw him alive on Jan 27 1935. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1929
Other contributory causes of Importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) J. S. Harding M. D.

(Address) 4810 Belair Rd.

Make CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09064

09064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 S. Ellwood Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie E. Gaff

(a) Residence: No. 401 S. Ellwood Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Gaff

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Regina Morgan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Regina Gaff

(Address) 401 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Jan. 30, 1935

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 4031 Wabash Ave.

1-29-1935 Attest: E. Kilgus M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934 to Jan 27, 1935

I last saw her alive on Jan 26, 1935 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	months

Other contributory causes of importance:

Acute Myocarditis	1/24/35

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. B. Titlow M. D.

1/29/35 (Address) 710 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. 9

F 09065

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09065

CERTIFICATE OF DEATH

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifford V Leonard

(a) Residence: No. 219 N. High St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed - Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0050

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Edwin I Leonard

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mercy Hospital Date Jan 29 19 35

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-26, 19 35

22. I HEREBY CERTIFY, That I attended deceased from 10-24-34, 19 ... to 1-26-35, 19 ...

I last saw h[im] alive on 1-26-35, 19 ... Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Chr. Lymphatic Leukemia — Date of onset

Other contributory causes of importance:

Secondary Anemia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 09066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09066

34J-23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Liest.

(a) Residence: No. Balto. City Hosp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Bernard Liest.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cathinne Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Jan. 31 1935

19. UNDERTAKER Jos Lourdeaux & Son
(Address) 2175 Pine St

20. FILED JAN 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 1/29 1935

I last saw him alive on 1/29 1935 Death is said to have occurred on the date stated above, at 4:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1933.

M. D. B. 1268-9

F 09067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 N. Fulton Ave. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Stansbury Arnold

(a) Residence: No. 533 N. Fulton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 11, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School-teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME John W. Arnold

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Emma Stansbury

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Mrs. Florence H. Lee
(Address) 533 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 30 1935
John O. Mitchell Home.

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

JAN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from July --, 1933 to Aug 28, 1935

Last saw ... alive on Aug 27, 1935 Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis — Duration 2 yrs.
Cerebral Hemorrhage — Duration 5 days
Acute Dilatation of Heart — Duration 35
Final unconscious interval — Duration 2 hrs.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wilbur Cole M. D.

(Address) 2202 Garrison Boulevard.

OCCUPATION is very important. See instructions on back of certificate. Exact statement

M. D. P. 1268-9

F 09068

09068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108-148

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sara Heflin

(a) Residence: No. 722 W. Lexington St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles M. Heflin

6. DATE OF BIRTH (month, day, year) Mar. 9. 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	10	1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Combs

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Charles M. Heflin

(Address) 722 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Shiloh, Va. Date Jan 30. 35

19. UNDERTAKER John J. Mitchell & Sons

(Address) 1405 Eutaw Place

Huntington Mitchell Signature

JAN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1935 to 1-28 1935

I last saw her alive on 1-28 1935 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 7 days

Empyema

Other contributory causes of importance:

Childbirth

Pulmonary embolism

Name of operation — Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. R. Adams, M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 3268-9

F 09069

F 09069 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739-N.Wilton Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BARBARA BROWN

(a) Residence: No. 1739-N.Wilton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Charles Brown

6. DATE OF BIRTH (month, day, year) June 6th, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME John Zink

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George W. Brown

(Address) 1710-N.Wilton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 1/30/35 19

19. UNDERTAKER

(Address) 1735 Harford Ave.

19 Registrar.

1/29/1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/17/35 19 to 1/26/35. 19

I last saw her alive on 1/26/35 19 Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Cerebral Hemorrhage	1/17/1935.
Other contributory causes of importance:	
Pulmomary Oedema	1/26/35.
Cardiac Insuffiency	"

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Neal A. Sanders M. D.

(Address) 1517 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-0

F 090770

090770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH x 107-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St. 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris Elizabeth Moser

(a) Residence: No. Owings Mills Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 13, 1934.

7. AGE: Years 0 | Months 7 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Owings Mills Md.

FATHER

13. NAME: Marion Moser

14. BIRTHPLACE (city or town) (State or country): Owings Mills Md.

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Owings Mills Md.

17. INFORMANT: Marion Moser. (Address) Owings Mills

18. BURIAL, CREMATION, OR REMOVAL: Place Pleasant Hill Date Jan 31, 1935

19. UNDERTAKER: Berryman & Sons (Address) Reisterstown Md

Arlington Wm. (Registrar)

29 1935

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 1-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1935, to 1-29, 1935

I last saw her alive on 1-29, 1935 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

(1) Bronchopneumonia - bilateral (primary) — Date of onset 1-25-35

Other contributory causes of importance:

Otitis media — 1-24-35 (?)

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Parr, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09071

09071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2645 Edmondson Ave 20 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Fitzpatrick

(a) Residence: No. 2645 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3rd 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Patrick Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Tangney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Florence C. Banks

(Address) 2645 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 31st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 3, 1934 to Jany 28, 1934

I last saw her alive on Jany 27, 1933 Death is said to have occurred on the date stated above, at 10:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	4/3/34
Cerebral Hemorrhage	1/1/34

Other contributory causes of importance:

Arteriosclerosis	1933
Chronic Intestinal Nephritis	1933
Auricular Heart Disease	1933

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M A O'Neill, M. D.

(Address) 108 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

F 09072

09072 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Gold St., 15 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Taylor

(a) Residence: No. 703 Gold St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of: Curtis A. Taylor

6. DATE OF BIRTH (month, day, year): Aug 1st about 1854

7. AGE: Years: about 80; Months: 5; Days: 27; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

13. NAME: Mary

14. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

15. MAIDEN NAME: Benjamin Dumas

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Roy Taylor 703 Gold St

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Date Jan 31st 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED 19 Registrar.

FEB 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935 to Jan 28 1935

I last saw h~~er~~ alive on Jan 26 1935. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 days
Other contributory causes of importance: Fractured humerus Rt	2 weeks

Name of operation: — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 14 1935

Where did injury occur? Fell at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell at home

Nature of injury Fracture Humerus

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan J. Davidow M. D.

(Address) 3228 Eastern ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 09073

09073 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1219 Scott St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha V. Bowers
(a) Residence: No. 1219 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE of Frank Bowers

6. DATE OF BIRTH (month, day, year) Nov 8th 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Oct 1934
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Howard Harvey
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Annie Hersock
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm R. Dorzen
(Address) 762 Carroll St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Olivet Date Feb 1st 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934 to Jan 29, 1935
I last saw h[illegible] alive on Jan 28 1935 Death is said to have occurred on the date stated above, 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Apr. 1934
Uterine Hemorrhage	1/23/35

Other contributory causes of importance: Hypertension Pneumonia

Name of operation none Date of
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry H Cate M. D.
(Address) 573 Scott St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B 1265-9

F 09074

09074

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 Old York Road St., 27 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E. Schroeder

(a) Residence: No. 4309 Old York Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2/1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob E. Schroeder

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Cooper

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Geo. E. Schroeder
(Address) 4309 Old York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Runnmt Date 1/31 '35

19. UNDERTAKER Wm Cook
(Address) 1211 E Gold St

FILED 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	½ yr.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B 1268-9

F 09075

09075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23-141

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 14 C Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Margaret Cowan

(a) Residence: No. Essex Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jean Cowan

6. DATE OF BIRTH (month, day, year) Dec. 14 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Bobart

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Edelman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Jean R. F. Cowan
(Address) Eastern Ave. Colgate Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Jan. - 30 1935

19. UNDERTAKER John G. Connelly
(Address) Eastern Ave Essex Md.

1-29-1935 Huntington Funeral Home Inc. Attendant

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1935 to 1-29 1935

I last saw her alive on 1-29 1935 Death is said to have occurred on the date stated above, at 5:25 A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 3 days

Other contributory causes of importance:

Salpingo abortion (6 mo) — Date of onset 1 wk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. R. Adams M. D.

(Address) University Hosp

M. D. F 99076

F 99076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 51-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1310 Eutaw St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Anderson Corey

(a) Residence: No. Chestertown, Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Emma Reece

6. DATE OF BIRTH (month, day, year) May 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Jan 1933
11. Total time (years) spent in this occupation 78

12. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

FATHER
13. NAME John W Corey
14. BIRTHPLACE (city or town) (State or country) New Hampshire

MOTHER
15. MAIDEN NAME Lydia Maria Gleason
16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT Mrs Emma Corey
(Address) Chestertown Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Old St Pauls Date 1-30 35

19. UNDERTAKER Lloyd S Hilton
(Address) Chestertown, Md.

FILED JAN 30 1935 19 Registrar

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to Jan 29 1935.
I last saw him alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 6.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	1932

Other contributory causes of importance:

Name of operation Conserv. Perineal Prostatectomy Date of May 1932
What test confirmed diagnosis? Bx. Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd S Hilton M. D.
(Address) Medical Examiner Baltimore

M. D. [illegible]-68-

F 09077

F 09077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 46-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Dwelzon

(a) Residence: No. Liberty Road Rockville St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Dwelzon

6. DATE OF BIRTH (month, day, year) b/27/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liberty Rd. Rockville Md

FATHER

13. NAME Edward Leuenheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Helene

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frank J. Dwelzon

(Address) Liberty Rd Rockville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date 2/1 1935

19. UNDERTAKER Frank E. Myers

(Address) Rockville Md

20. FILED FEB 3 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935 to January 29, 1935

I last saw her alive on January 29, 1935 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	
Exploratory Laparotomy	

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 1-28-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mary Dwelzon M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9 **F 09078** **F 09078**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Kahle

(a) Residence: No. 3922 Mt. Pleasant Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24th 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo C. Kahle

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Vondike

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Mrs Anna M. Kahle

(Address) 3922 Mt Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 1st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JAN 30 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28 1935

22. I HEREBY CERTIFY, That I attended deceased from January 21 1935 to January 28 1935

I last saw him alive on January 28 1935 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Brain tumor (right frontal lobe)	?

Other contributory causes of importance: None

Name of operation Removal tumor Date of 1-26-35

What test confirmed diagnosis? Xp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126

T 09079

F 09079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 76 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Sabastian

(a) Residence: No. Balto City Hospitals St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine.

6. DATE OF BIRTH (month, day, year) About 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME John Sebastians

14. BIRTHPLACE (city or town) (State or country) Lunbarry

MOTHER

15. MAIDEN NAME Nettie Z.

16. BIRTHPLACE (city or town) (State or country) Lunburg.

17. INFORMANT Ernest R. Walter Jr.

(Address) 1709 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 30th 1935

19. UNDERTAKER Wm Cook

(Address) 1209 St Paul St

20. FILED ..... 19..... Registrar.

JAN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3

Other contributory causes of importance:

Name of operation Ingwin Date Jan 29-35

What test confirmed diagnosis? C Was there an autopsy? (Yes)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph L. Walter Jr. M. D.

Coroner

(Address) 16 S. Bond St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1458-9

F 09080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09080

CERTIFICATE OF DEATH

V 51-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2833 Frederick Ave Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALBERT G. MARINER

(a) Residence: No. 2833 FREDERICK ST AVE Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	MARRIED

7a. If married, widowed, or divorced RUSBAND of ~~WIFE~~ of Annie M. MARINER

6. DATE OF BIRTH (month, day, year) JAN 18-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodwork Bldg

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) VIRGINIA

FATHER

13. NAME Robert F. MARINER

14. BIRTHPLACE (city or town) (State or country) VIRGINIA

MOTHER

15. MAIDEN NAME Martha Mitchell

16. BIRTHPLACE (city or town) (State or country) VIRGINIA

17. INFORMANT Mrs. Annie M. Mariner
(Address) 2833 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date JAN. 29 '35

19. UNDERTAKER J. T. B. Hyperts Son
(Address) 1300 Eutaw Place

20. FILED ..... 19.. ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21 1934 to Jan 27 1935

I last saw h alive on Jan 27 1935 Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	July 1934
Hemorrhage from Bladder.	Oct 1934
Other contributory causes of importance:	

Name of operation Cystoscopic Clinical Date of Sept 1934

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Edith W. Johnson M. D.

(Address) 3432 Frederick Ave

M. D. 1201 F 09081 Brenner F 09081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. V Sunteen Hospital 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 2 da. How long in U. S. If of foreign birth? yrs. mos da.

2. FULL NAME Howard Edward Brenner

(a) Residence: No. 215 Herbert St., — Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 15 - 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Howard E. Brenner

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Madalina Arndt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Howard E. Brenner

(Address) 215 N. Herbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 30, 1935

19. UNDERTAKER H. G. Hubbert & Son

(Address) 1100 Eutaw Place

20. [illegible] Jan 30 1935 Hunter Bureau [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1 - 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1 - 28, 1935 to 1 - 28, 1935

I last saw him alive on 1 - 28, 1935 Death is said to have occurred on the date stated above, at 4.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. F. Conway, M. D.

(Address) Vet. Hospital

OCCUPATION is very important. See instructions on back of certificate.

"F" 09082 F 09082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bell & Germain St. 15 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Anson Pingley

(a) Residence: No. 3706 Sequoia Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Grace M. Pingley

6. DATE OF BIRTH (month, day, year) May 7 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr Bond Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Central Savings Bank

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 40 (C)

12. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

FATHER

13. NAME Thos. J. Pingley

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Harriett Belcher

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Grace M. Pingley

(Address) 3706 Sequoia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 30 1935

19. UNDERTAKER Wm. Fletcher Bond

(Address)

20. FILED Jan 30 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Date of onset

Angina Pectoris

Sudden

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Truck Coroner . M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 09083

F 09083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilard A. Faithor

(a) Residence: No. Edgewater Md. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) June 10-1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mayo Ann Arundel Co Md

FATHER

13. NAME Lyle Faithor

14. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md.

MOTHER

15. MAIDEN NAME Margaret Duckett

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md

17. INFORMANT Lyle Faithor

(Address) Mayo Ann Arundel Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mayo. A.A Co Md Date June 30 1936

19. UNDERTAKER R. F. Suite

(Address) Ann Arundel Co Md

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1936 to Jan 28 1936

I last saw her alive on Jan 28 1936 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pharyngeal & Laryngeal Diphtheritis	1/16/36
Myocarditis	?

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wayne C. Bozarth M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1

F 09084

F 09084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope St., 17 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter Medley

(a) Residence: No. 523 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 16 1884

7. AGE — Years 57 | Months 0 11 | Days 9 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md

FATHER

13. NAME Wm Medley

14. BIRTHPLACE (city or town) (State or country) St Mary Co Md

MOTHER

15. MAIDEN NAME Ellen Langley

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

17. INFORMANT Moses Medley

(Address) 523 Brunt

18. BURIAL, CREMATION, OR REMOVAL Ft. Lincoln Cem Date Jan 30 19 35

19. UNDERTAKER J. Bernard Saunders

(Address) 818 Druid Hill Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 25th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Duration

Cerebral Hemorrhage 2 Days

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. B. Link M. D.

(Address) London

F 09085

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09085

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Mayfield St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Cudris

(a) Residence: No. 2808 Mayfield St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16 1934

7. AGE: Years 0 | Months 8 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Anthony Cudris

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Catherine Drusler

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Anthony Cudris
(Address) 2808 Mayfield ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date Jan 29 1935

19. UNDERTAKER Jos J Stein & Son
(Address) 1512 N Fulton ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-35

22. I HEREBY CERTIFY, That I attended deceased from 1-20-35 to 1-26-35

I last saw h[illegible] alive on 1-26-35 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-20-35
Otitis Media	

Other contributory causes of importance:

acute Cardiac Dilatation Idg

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 810 Hatton St

M. D. 12

See instructions on back of certificate. The information is very important.

M. D. B. 1268-9 **F 09086** **F 09086**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1713 W. Franklin St 19 107-W Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Grose

(a) Residence: No. 1713 W. Franklin St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 31, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Grose

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Addie Smith

16. BIRTHPLACE (city or town) (State or country) Odenton Md

17. INFORMANT Addie Smith

(Address) 1713 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 30, 1935

19. UNDERTAKER Mrs Katie A. Williams

(Address) 322 N. Schroeder St

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1935, to Jan 28, 1935

I last saw her alive on Jan 27, 1935. Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Jan 11 35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Wesley Straig, M. D.

(Address) 1 E. Lexington Blvd.

DECLOCNHS

111

M. D. B. F 09087

F 09087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Belgian Ave St. Ward)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Dixon

(a) Residence: No. 813 Belgian Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ the late Mary E. Dixon

6. DATE OF BIRTH (month, day, year) May 2nd 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman ~~Laborer~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elec. R.R.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 0076

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mr Eugene F. Dixon

(Address) 813 Belgian Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Francis Cem. Abingdon, Md. Date 2/1/35

19. UNDERTAKER John J. Cowan & Son

(Address) 1901 Wallace St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/28/ . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 . 1934 . to Jan. 28 . 1935

I last saw him alive on Jan. 26 . 1935 Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis. — Date of onset 12/30/34

Other contributory causes of importance:

Hypertension.

Name of operation None. Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. A. Gilmore M. D.

(Address) 3704 Lib. Heights Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A4Co. 5-11 2508 F 09088 F 09088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

i 92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 Scott St. 21 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie Florance Eure

(a) Residence: No. 231 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Separated

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred Eure

6. DATE OF BIRTH (month, day, year) May 15 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yates County North Carolina

MOTHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

FATHER

15. MAIDEN NAME Lettie Parker

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT William Green

(Address) 231 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 30 1935

19. UNDERTAKER Harry H Witzke

(Address) 1101 E Monument St

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1934, to Jan 28, 1935

I last saw her alive on Dec 28, 1935 death is said to have occurred on the date stated above, at 6:45 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1934
Other contributory causes of importance: Chronic Endocarditis Rheumatism	1934

Name of operation ... Date of ...

What test confirmed diagnosis? Kelly Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Larson M. D.

(Address) Halethorpe Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-8

F 09089

294880

F 09089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Gaskins

(a) Residence: No. 1016 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-28-84

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc At home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Walter Gaskins

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Josephine Wells

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Jan 31 1935

19. UNDERTAKER Saml H Chase Bal
(Address) 638 S Eutaw

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1935 to Jan 26, 1935

Last saw her alive on Jan 26, 1935. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	1934
arterio arteriolar sclerosis	1930
Diabetes	1922
Syphilis	?
Other contributory causes of importance:	
Carcinoma of breast	1922 to 1934

Name of operation Radical removal Gall bladder Date of 1922, 1934

What test confirmed diagnosis? Microscopic Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Myrta Susan Coons, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate. Last statement of

M. D. B. 1268-9

F 09090 HEALTH DEPARTMENT—CITY OF BALTIMORE F 09090

CERTIFICATE OF DEATH 127-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 N. Pine St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 44 yrs. ... mos. ... ds.

2. FULL NAME Ida Goldstein

(a) Residence: No. 125 N. Pine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Grossman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tobie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Goldstein

(Address) 125 N. Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 1-30-35 19

19. UNDERTAKER Isaac Harris & Son

(Address) 1439 E. Baltimore St

FILED 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 24 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23. 1935 to Jan 24 . 1935

I last saw h... alive on Jan 24 . 1935 Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	?

Other contributory causes of importance:

Acute Peritonitis	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Henry Grossman . M. D.

(Address) 1253 W Fayette St

F 09091

Sanders

F 09091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto St., Hosp Ward)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Sanders

(a) Residence: No. 1427 Cookeaie St., Ward. (If non dent give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Minnie Sandra

6. DATE OF BIRTH (month, day, year) Jan 10-1849

7. AGE: Years 86 | Months — | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0017

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Sander

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Sander (Address) 1427 Cookeaie St

18. BURIAL, CREMATION, OR REMOVAL Western Cemty Date 1/30/35 19..

19. UNDERTAKER Geo H. Leimbach (Address) 525 N Lyndhurst St

20. FILED 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 26 1935 to Jan 28 1935

I last saw him alive on Jan 28 1935 Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-vascular accident - (hemorrhage)	1-27
Broncho-Pneumonia	1-28

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton R. Glen M. D.

(Address) 1213 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B F 09092 F 09092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

346

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Perry James Tilghman

(a) Residence: No. 650 Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Tilghman

6. DATE OF BIRTH (month, day, year) 3-6-873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	12/7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewer S

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Perry Henry Tilghman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Blanche F Tilghman

(Address) 650 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 1-31-35 1935

19. UNDERTAKER Chas G. Corpen

(Address) 514 N. Calhoun St

20. FILED ... 1935

Dr. Agnes Fuller, M. D. Corner's

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1935 to Jan. 28, 1935

I last saw him alive on Jan 28, 1935 Death is said to have occurred on the date stated above, at 12.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Aneurism of Abdominal Aorta	1/28
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Burton Goldstone M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 09093

M. D. P. 1281 F 09093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emory Jennings.

(a) Residence: No. 502 Harris St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daisy Jennings.

6. DATE OF BIRTH (month, day, year) 3/2/94

7. AGE	Years	Months	Days	If LESS than 1 day, Hrs. or min.
	40	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Emory Jennings

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Daisy Jennings

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Wife abode address.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date 1/31/35 19

19. UNDERTAKER (Address) Chas. J. Cooper 514 N. Carrollton St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27 1935

22. I HEREBY CERTIFY, That I attended deceased (from 1/25 1935 to 1/27 1935

I last saw him alive on 1/27 1935 Death is said to have occurred on the date stated above, at 5 56 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Miliary tuberculosis	4 wks
	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

INSTRUCTIONS: Items are important. See instructions on back of certificate.

M. D. F. 09094

F 09094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 713 N. Payson St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Ann Bomm,

(a) Residence: No. 713 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Bomm.

6. DATE OF BIRTH (month, day, year) August 22. 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Henry Ehrhart,

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Julia Ann Diehl,

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Wm. A. Bomm,
(Address) 713 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL JAN 31 1935
Place Loudon Park Cem. 19

19. UNDERTAKER Robert S Little
(Address) 2700 Edmondson Ave.

JAN 31 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1935 to Jan 29, 1935

I last saw her alive on Jan 29, 1935 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Vascular disease	2 mo
Carcinoma sweeping	3 da
Chronic Pleurisy complicating	
Left Lung.	10 da
Other contributory causes of importance:	
Acute cardiac dilatation	Short

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 814 W. Saratoga St.

INSTRUCTION IS very important. See instructions on back of certificate.

F 09095

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09095

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Mosher St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Briscoe

(a) Residence: No. 1329 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Work

10. Date deceased last worked at this occupation (month and year) 7-11-35

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Maryland

FATHER

13. NAME Abraham Briscoe

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Maryland

MOTHER

15. MAIDEN NAME Maria Combs

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT Maria Durant

(Address) 1329 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 1/31 1935

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-12-1935 to 1-28-1935

I last saw her alive on 1-27-1935. Death is said to have occurred on the date stated above, at 8.5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-12-35
Other contributory causes of importance: Hypertension + arteriosclerosis	Unknown

Name of operation None Date of

What test confirmed diagnosis? Spinal ghoumatar Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frank A. Saunders M. D.

(Address) 1029 N. Stricker St

M. D. B. 1268-9

F 09096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09096

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 N. Fulton Ave. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martin Michael Spellissy

(a) Residence: No. 235 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Elizabeth Spellissy

6. DATE OF BIRTH (month, day, year) February 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Cheese Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) January 26, 1935

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Martin Michael Spellissy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Honora McMahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Joseph M. Spellissy

(Address) 235 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb. 1st, 19 35

19. UNDERTAKER J. D. Beck & Sons

(Address) 1003 W. Baltimore St.

20. FILED FEB 1 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1935 to Jan 28, 1935.

I last saw him alive on Jan 27, 1935. Death is said to have occurred on the date stated above, at 10.15p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	Jan.

Other contributory causes of importance:

Chronic myocarditis & hypertension	5 yrs.

Name of operation ——— Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene E. Falco M.D.

(Address) 4 N. Fulton Ave.

M. D. F 1268-9

F 09097

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09097

CERTIFICATE OF DEATH

181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret D. Eder

(a) Residence: No. 519 No. Montford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F. Eder

6. DATE OF BIRTH (month, day, year) Apr. 19-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home do?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John N. Wetzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna M. Blenklner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lorraine Stevens

(Address) 3705 Woodbine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Cem. Date Jan. 31 1935

19. UNDERTAKER John Miller

(Address) 2334 Jefferson St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Jan.
Cardiac Insufficiency	26
	1935.
Other contributory causes of importance:	
Infected second degree burns of the buttox. -Bullard-	Jan. 21

Name of operation. Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 21-35

Where did injury occur? Baltimore, Maryland. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Backing up to electric iron er

Nature of injury Second degree burns.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John L. Valentine M. D. Coroner

(Address) 16 South Broadway

M. D. B. 1375-9

F 09098

F 09098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (✓) 1347 N. Stricker St. 15 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Ebzon Daniels

(a) Residence: No. 1347 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Stade Daniels

6. DATE OF BIRTH (month, day, year): May 26-1894

7. AGE — Years: 40 | Months: 8 | Days: 3 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greensboro Ala

FATHER

13. NAME: John Brooks

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Mikens

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT (Address): Stade Daniels 1347 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Calvary Cemetery Date: Jan 30th 1935

19. UNDERTAKER (Address): Archibald D. Gaddis 2101 Mt Carmel St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute Indigestion — Date of onset 1 hour

Other contributory causes of importance: Error of diet

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. H. Link M. D.
Coroner

(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09099

CERTIFICATE OF DEATH

165 F 09099

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602-N.Wilton Ave. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Martini

(a) Residence: No. 1602-N.Wilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward C. Martini

6. DATE OF BIRTH (month, day, year) 11/26/1676

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
58	2	3	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Ackerman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Martha (Winters)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edward C. Martini
(Address) 1602-N.Wilton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 2/1/35 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29/35 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at about 6 P.M.

The principal cause of death and related causes of importance were as follows:

Strangulation by hanging — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Jan 29/35

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury Hung self to joist in

Nature of injury cellar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09100

CERTIFICATE OF DEATH

108 F 09100

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Rohrman

(a) Residence: No. 1206-Holbrook Street St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) 10/6/1931

7. AGE Years	Months	Days	If LESS than 1 day old: hrs. or min.
3	3	23	xxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Rohrman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret (Bourke)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT George Rohrman

(Address) 1206-Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 1/31/33 19

19. UNDERTAKER Guy J. Plath Sr.

(Address) 1735-Harford Ave. Thurston & Thurston

20. FILED 1-30-1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) .....

M. D. B. 124 F 09101 F 09101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F. Owen

(a) Residence: No. 728 W. Lexington St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jos. W. Owen

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Camm

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs J. Bradley

(Address) 106 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Date 1/30 .35

19. UNDERTAKER Robert Brooks Adam

(Address) Calhoun & Baltimore sts

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 .1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoned by illuminating gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury 1-26, 1935

Where did injury occur? 728 W. Lexington St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Coffee pot boiled over on stove & extinguishing flame

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Zellers M. D. Coroner

(Address) 739 Eastern Ave

M. D. B. 1268-9 F 09102 ✓ F 09102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3511 Springdale Ave. St., 15 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Kaufman Miller

(a) Residence: No. 3511 Springdale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Miller

6. DATE OF BIRTH (month, day, year) Dec. 25, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Kaufman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette Harris

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Herbert Miller (Son)
(Address) 3511 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Heb. Cem. Date Jany. 31 1935

19. UNDERTAKER Herd Sonnheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1935 to Jan. 29, 1935

I last saw her alive on Jan. 27, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular Disease	Few yrs
Uremia { Renal Absorption from Intestines	Several months

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Sussman M. D.

(Address) 2340 Eutaw Place

20 1035

Spec—6 30 F 09103 ✓ F 09103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-C

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE. (No 3611 Fait Ave. ST. 26 WARD)

2 FULL NAME Baby Girl Anderson

(a) RESIDENCE No 3611 Fait Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. 1/2 How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1/27/35.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
				11

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ditto

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER R. B. Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt.

12 MAIDEN NAME OF MOTHER E. M. Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt.

14 Informant .....
(Address) .....

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/28/35.

17

I HEREBY CERTIFY, That I attended deceased from 1/27/35. , 19 , to 1/28/35. , 19

that I last saw her alive on 1/28/35. , 19

and that death occurred, on the date stated above, at 1.30 A.M.

The CAUSE OF DEATH* was as follows:

Asphyxia livida

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY .....
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. Hillaris M. D.

1/28/35. (Address) 2214 E. Fayette St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. of Md.-Med. School.

DATE OF BURIAL 19

20 UNDERTAKER .....

ADDRESS .....

Filed Jan 30 1935 [illegible] Registrar

M. D. B. 1268-9

F 09104

09104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. [illegible] Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Mary Isadore (Ann Conroy

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced (write the word)~~
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867 - Apr. 5

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	11 9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Franciscan Order

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Longford Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cem. Bronxville, N.Y. Date Jan 30 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26 1933 to Jan 29 1935

I last saw h[illegible] alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 10P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Bronchiectasis	?
Diabetes Mellitus	?
Senile Psychosis	2 yrs.

Other contributory causes of importance:
Coronary Embolism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Duncan P. Hagan M. D.

(Address) 3326 Linden Ave

M. D. B. 12-30 F 09105 Deckelmann ✓ F 09105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 22

CITY OF BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME George Deckelmann

(a) Residence: No. 4405 Cook Ave Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of Anna Deckelmann

6. DATE OF BIRTH (month, day, year) Feb 2 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Computer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self — Coal

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Deckelmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Bittner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 2/2/35

19. UNDERTAKER Leonard Funeral Home
(Address) 5301 Harford Rd

20. FILED ... 19... by ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19... that I last saw him alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 11:45 AM

The principal cause of death and related causes of importance are as follows:

	Date of onset
Tetanus, acute	1/24/35
Edema, pulmonary	1/24/35

Contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Were any autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Jan 11 35
Where did injury occur? Baltimore Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place While building a barn
Manner of injury Struck by splinter used
Nature of injury Lt. Hand Nail Puncture wound of Palm

24. Was disease or injury in any way related to occupation of deceased? ?
If so, specify

(Signed) Samuel B. Gootee M. D.
(Address) Balto City Hospitals

M. D. B. 1269-9

F 09106

HEALTH DEPARTMENT—CITY OF BALTIMORE

09106

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Ken Oak Road, Mt. Washington Ward 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 20 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Joseph B. Kirby

(a) Residence: No. 2408 Ken Oak Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Carroll

6. DATE OF BIRTH (month, day, year): Jan. 8. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Safe Deposit & Trust Company

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Joseph Kirby

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

MOTHER

15. MAIDEN NAME: Mary A. Fitzpatrick

16. BIRTHPLACE (city or town) (State or country): -------- Ireland

17. INFORMANT: John I. Kirby

(Address) 2408 Ken Oak Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery 1/31 1935

19. UNDERTAKER: Kenney & Bowers Inc.

(Address) 505 N. Eutaw St.

20. FILED ... 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jany 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 26th 1935 to Jany 28th 1935

I last saw him alive on Jany 28th 1935. Death is said to have occurred on the date stated above, at 3.40 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 1.26.35.

Other contributory causes of importance: Long Standing Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Edw. Wan Ness, M. D.

(Address) 1515 Park Ave

F 09107

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09107

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Park Ave St. 14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Albert Illman

(a) Residence: No. 1418 Park Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

3a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (~~Name of wife~~)

6. DATE OF BIRTH (month, day, year) January 20 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Resident

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Hudson Justell Dry Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Albert Jacob Illman

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME C. Harriss

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Albert Jacob Illman
(Address) 1418 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Jan 31 1935

19. UNDERTAKER Henry W Jenkins & Co
(Address) Edmondson Ave & Carroll St

20. FILED 1935 Registrar

JAN 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1933 to Jan 29 1935

I last saw him alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

Chr. Bronchitis — Date of onset Gradual
Bronchiale
Bronchial Asthma.

Other contributory causes of importance:

Myocarditis. — Gradual

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W H Woody M. D.

(Address) 1403 Park ave

S. D. B. 1269 F 09108

✓ F 09108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 St Martins Road Guilford Sta 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosalie Hazall Poland

(a) Residence: No. 8 St Martins Road Guilford Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or ~~WIFE~~ of) Late

6. DATE OF BIRTH (month, day, year) January 21 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Burton Hayake

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Otena Robinson

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Jno Smith

(Address) 8 St Martins Road Guilford

18. BURIAL, CREMATION, OR REMOVAL

Place Middleburg Va Date Jan 31 1935

19. UNDERTAKER Henry H Jenkins Sons

(Address) Oakland, Md.

20. FILED ~~JAN~~ 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30 1935

22. I HEREBY CERTIFY, That I attended deceased from January 21 1935 to January 30 1935

I last saw ~~her~~ alive on January 29 1935 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis — Symptoms (Coronary artery sclerosis)	January 1935
Other contributory causes of importance: Arteriosclerosis — Symptoms	April 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Louis P Hamburger M. D.

(Address) 1207 Eutaw Place

M. D. B. No. F 09109 F 09109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 S. Streeper St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Ptak

(a) Residence: No. 812 S Streeper St., Ward. (If non-resident give city or town and State)

(Usual place of abode) Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 0000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jan Ptak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katazyna Wontroba

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Andrej Surdel

(Address) 812 S. Streeper St

18. BURIAL, CREMATION, OR REMOVAL:

Place St. Stanislaus Date 1/31, 1935

19. UNDERTAKER John J. Puda

(Address) 2811 Hudson St

20. FILED JAN 30 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1934, to Jan 28, 1935

I last saw h e alive on Jan 25, 1935 Death is said to have occurred on the date stated above, at 12 50 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	3 yrs
Other contributory causes of importance: Apoplexy —	2 mos

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius C. Szyko, M. D.

(Address) 2222 Eastern Ave

M. D. F. 12 F 09110 ✓ F 09110

HEALTH DEPARTMENT—CITY OF BALTIMORE

294 a & b

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hanson Dale

(a) Residence: No. 1511 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) 3/84

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 060

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME Royer Dale

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Jan 14 1935

19. UNDERTAKER Mrs Robert A. Elliott
(Address) 1129 Edmondson Ave.

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1935 to Jan 27, 1935

I last saw him alive on Jan 27, 1935 Death is said to have occurred on the date stated above, at 9.05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	6 mos
Chronic nephritis	6 mos
Myocardial failure	6 mos
Cerebral embolism	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) H Carmichael Gilpin M. D.

(Address) Johns Hopkins Hospital

M. D. F. No. F 09111 F 09111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-N

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 937 Sterling St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Jane Bennett

(a) Residence: No. 937 Sterling St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Bennett

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	4m		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as ~~silk mill~~, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W Pratt

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah Polley

16. BIRTHPLACE (city or town) (State or country) Shoreshill Md

17. INFORMANT Mary Hertzfeldt
(Address) 937 Sterling St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Gen. Date Jan 31 1935

19. UNDERTAKER Mrs Robert A. Elliott
(Address) 1129 Caroline St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1935 to Jan 28 1935.

I last saw her alive on Jan 27 1935 Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
	Jan 23
	35

Other contributory causes of Importance:

Name of operation No Date of ...

What test confirmed diagnosis ... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Geo L Collins M. D.

(Address) 5 E Lexington St

M. D. R. 120-9

09112

F 09112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Sanders

(a) Residence: No. 502 Conway St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alex Brown

6. DATE OF BIRTH (month, day, year): 1-22-35

7. AGE — Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): University Hospital

FATHER

13. NAME: Augustus Sanders

14. BIRTHPLACE (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Estelle Sanders

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Estelle Sanders
(Address): 502 Conway St.

18. BURIAL, CREMATION, OR REMOVAL
Place: U. of M. Med School Date: Jan 30, 1935

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-22-35, 19 , to 1-25-35, 19 .

I last saw him alive on 1-25-35, 19 . Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1-22-35
Other contributory causes of Importance: Prematurity	1-22-35
	Ante

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. Savage, M. D.

(Address) University Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09113 CERTIFICATE OF DEATH 147B F 09113

1. PLACE OF DEATH University Hosp. Baltimore, Md Registered No.

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Carey

(a) Residence: No. 812 N Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeffries Carey

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME John Hawthorne

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Ada Gaines

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Jeffries Carey

(Address) 812 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/31, 1935

19. UNDERTAKER Franklin W. Leitz

(Address) 709 W. 23rd St. Live Hamilton Ohio

20. FILED 2 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935, to Jan 27, 1935

I last saw her alive on Jan 27, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ectopic Pregnancy	Jan 4.
Secondary Anemia	
Circulatory Collapse	

Other contributory causes of importance:

Name of operation: Exploratory Laparotomy Date of Jan. 23

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

M. D. (Signed) Charles L. Goodland M. D.

(Address) University Hospital, city

M. D. F 1268-9

F 09114

09114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 N. Mount St., 16 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Sides

(a) Residence: No. 1145 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Sides

6. DATE OF BIRTH (month, day, year) June ? 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister 0618

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. E. Preacher

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Westminster Carroll Co. Md.

FATHER

13. NAME Peter Sides

14. BIRTHPLACE (city or town) (State or country) Westminster Md.

MOTHER

15. MAIDEN NAME Matilda Brown

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Lillian Perkins

(Address) 1145 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Feb 1 1935

19. UNDERTAKER Thos. S. Kelson

(Address) 1323 Pressman St

20. FILED Feb 1 1935 Huntington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1934 to 1-29, 1935

I last saw him alive on 1-29, 1935 Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

Endocarditis — Date of onset 8-20-1934

Other contributory causes of importance:

Confusion — Died

Name of operation None — Date of ...

What test confirmed diagnosis? Typical examination — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Frank Flanders, M. D.

(Address) 1029 N. Stricker St.

M. D. B. 1268-9

F 09115

HEALTH DEPARTMENT—CITY OF BALTIMORE

09115

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Westwood ave 5 Ward)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Jordan

(a) Residence: No. 1621 Westwood ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Nellie Jordan

6. DATE OF BIRTH (month, day, year) Apr 17 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	58	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship — Yard

10. Date decessed last worked at this occupation (month and year) 5 yr 3 4A

11. Total time (years) spent in this occupation 0 0 8 6

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Virginia

FATHER

13. NAME James Jordan

14. BIRTHPLACE (city or town) (State or country) Northumberland Virginia

MOTHER

15. MAIDEN NAME Maried Jordan

16. BIRTHPLACE (city or town) (State or country) Northumberland Virginia

17. INFORMANT E. C. Fisher
(Address) 611 Fred St

18. BURIAL, CREMATION, OR REMOVAL
Place Northumberland Co Va Date Jan 31, 1935

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Preston St Baltimore Md

20. FILED JAN 30 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1933 to 1/28, 1935

I last saw h[illegible] alive on 1/27 1935. Death is said to have occurred on the date stated above, at 3.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
Endocarditis —	
and	
Myocarditis —	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Coma Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D W Jamison M. D.

(Address) 1222 Lee

M. D. P. 1268-9

F 09116

HEALTH DEPARTMENT—CITY OF BALTIMORE

09116

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1700 W Fayette St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M Wolcomyer

(a) Residence: No. 1700 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank A Wolcomyer

6. DATE OF BIRTH (month, day, year) May 11 1864

7. AGE Years 70 | Months 9 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Thelma Calles

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margaret Wolcomyer
(Address) 1700 W Fayette

18. BURIAL, CREMATION, OR REMOVAL Date 1/31/35
Woodlawn Cemetery

19. UNDERTAKER Fayette & Harkey
(Address) Fulton & Fayette

20. FILED 30 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Jan 29 1935

That I saw her alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	2 hrs.
Other contributory causes of importance: Chronic myocarditis & hypertension - Arteriosclerosis Senility	10 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Claude E. Cales M. D.

(Address) 4 W. Fulton -

M. D. F. 1268-9

F 09117

HEALTH DEPARTMENT—CITY OF BALTIMORE

09117

CERTIFICATE OF DEATH

× 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L Miller

(a) Residence: No. Fleetwood Penna Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of Unknown

6. DATE OF BIRTH (month, day, year) 11-28-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42.	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cable Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cornwell Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT S. E. Merry

(Address) New York N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Fleetwood Pa Date Jan 30 ..., 1935

19. UNDERTAKER Wm Groff

(Address) 1217 St Paul St.

20. FILED ..... 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19..., to ..., 19...

I last saw h... alive on Injury, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	1/29/35
Fractured Ribs	1/29/35
Other contributory causes of importance:	
Automobile Accident	1/29/35

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1/29/... 1935

Where did injury occur? Washington Blvd nr Laurel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Two auto trucks collided & one fell on him while standing on curb

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Monument St

M. D. R. 1268-9

F 09118

09118 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Eutaw Place St., 14 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mae Bell Horner

(a) Residence: No. 1813 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carl Dotterer

6. DATE OF BIRTH (month, day, year) Jan. 8, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emmitsburg, Md.

FATHER

13. NAME David W. Horner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Robertson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carl Dotterer (Son)
(Address) 1813 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Jan. 31. 1935

19. UNDERTAKER John P. Henry
(Address) 715 Light St.

JAN 30 1935

... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1925 to Jan. 28 1935

I last saw h 27 alive on Jan 28 1935 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Jan. 28/35
Cardiac Hypertrophy	1921
Myocarditis Chronic	1925
Other contributory causes of importance:	
Arteriosclerosis	1925
Arterial Hypertention	1925

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edgar T. Sandrock, M. D.

(Address) Medical Arts Building

M. D. B. 1268-9

F 09119

09119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 E Hill St., 7th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 0 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerald P. Hall

(a) Residence: No. 18 E Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edgar H Hall

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Naomi C. Sunderland

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Mrs Irene D. Trauty
(Address) 22 E Hill St.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Calvert Co Date Feb 1, 1935

19. UNDERTAKER John A Denny
(Address) 915 Eight St

FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Jan 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1935, to Jan. 30, 1935

I last saw him alive on Jan. 29, 1935. Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Paresis.	6 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

M. D. B 1908-9

F 09120

09120 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Haven Tenley Shelton Washington D.C.
(a) Residence: No. 1362 N Carolina Ave N E St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel C.

6. DATE OF BIRTH (month, day, year) Sept 24, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	4	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver, 2
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A & P Tea Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackstone Va

FATHER
13. NAME Anderson Watson
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Estella Tenley
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Thomas Johnson 924 "D" St N.E Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Washington, D. C. Date Jan 30 1935

19. UNDERTAKER (Address) S. H. Queen & Sons 1 Thomas Pl

20. FILED 30 1935, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 19 35 to ____ 19 ____
I last saw h alive on ____ 19 ____. Death is said to have occurred on the date stated above, at 12:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	1/25/35
Broncho Pneumonia	1/28/35
Other contributory causes of importance: Automobile Accident	1/26/35

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/26 19 35
Where did injury occur Washington Blvd at Baltimore (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Auto truck he was driving collided with another truck
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Peterny Coroner M. D.
(Address) 2200 E. Madison St

M. D. B. 1268-9

09121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

P 09121

X 51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George S. Kemp

(a) Residence: No. Littlestown, Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary Culbourn Kemp

6. DATE OF BIRTH (month, day, year) Sept 7-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0045

12. BIRTHPLACE (city or town) (State or country) adams Co Penna

FATHER

13. NAME David Kemp

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Amanda Hoffman

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Lydia Crone

(Address) Littlestown Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Littlestown Pa Date Feb 2 1935

19. UNDERTAKER John A Tritle

(Address) Littlestown Pa

FILED ... 19... Registrar.

01935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/22 1934 to 1/30 1935.

I last saw h in alive on 1/30 1935. Death is said to have occurred on the date stated above, at 3 00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Carcinoma Prostate	
Uremia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul E Carlins M. D.

(Address) Sinai Hosp.

M. D. B. 1208-9

F 09122

09122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 212 Ridgewood Road St., 27 Ward)
Ella Norris Taylor

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Norris Taylor

(a) Residence: No. 212 Ridgewood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George A. Taylor

6. DATE OF BIRTH (month, day, year) Jany 16, 1856

7. AGE: Years 79 | Months — | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster, Md

FATHER
13. NAME Henry L. Norris
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Anna Howard
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Norris Foote
(Address) 212 Ridgewood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Md Date Jany 31 1935

19. UNDERTAKER John O. Mitchell & Son
(Address) 1900 Eutaw Place

FILED JAN 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 1930 to 1-29 1935

I last saw her alive on 1-28 1935 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
HYPERTENSION	
CEREBRAL HEMORRHAGE	Nov. 1934

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.
(Address) 1129 St. Paul St.

M. D. F. 09123 F 09123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 No. Broadford St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Bardenfelder

(a) Residence: No. 19 No. Broadford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12-1853.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John A. Goltz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Steigles

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Katie Barbert
(Address) 19 No. Broadford st.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date 1-31-35

19. UNDERTAKER Wendell E. Humphreys
(Address) 500 N. Broadway

FILED JAN 31 1935 Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on January 19 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-Cardal Degeneration	Jan. 28 1931
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) John F. Mahoney M. D.

(Address) 16 No. Broadway

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09124 ✓ 108 F 09124

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 W. Conway St., 27 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Thomas

(a) Residence: No. 532 W. Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced WIFE of Benj. Thomas

6. DATE OF BIRTH (month, day, year) Feb 6-1895

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ..min.
	39	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Kane

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nancy Crane

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Mary Millers

(Address) 315½ Forest St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date February 2, 1935

19. UNDERTAKER Joseph A. Lively

(Address) 409 North Mount Street

20. FILED FEB 1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29-, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zellers, M. D. Coroner

(Address) 2439 Eastern Ave

M. D. B. No. F. 09125 F 09125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. St., 14 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Scott

(a) Residence: No. 137 Winters Ave Catonsville Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Scott Sr.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME As Vantries

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Viola Smith (aunt)
(Address) 136 Winters Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Scott cemCatonsville Date Febry 1, 1935

19. UNDERTAKER Joseph A. Lively
(Address) 1409 N. Mount Street

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1935, to 1-28, 1935

I last saw her alive on 1-28, 1935 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lobar Pneumonia of left Lobes.	1-7-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, when?

(Signed) [signature] M. D.

(Address) 1707 N Caroline St.

M. D. Form 1968-B

F 09126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09126

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Amos
(a) Residence: No. Little Sisters of the Poor St., Ward.
(Usual place of abode) Gallaher Ellicott (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~single, married, widowed, or divorced~~ (or) WIFE of Wm J. Amos

6. DATE OF BIRTH (month, day, year) Feb 14th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John M. Fillinger
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Catharine A. Smith
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Edgar L. Green
(Address) 3610 Sherill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 2nd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:
Accidental Fracture of L. Femur

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Jan 7 1935
Where did injury occur? Valley & Preston Sts (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell down Stairs
Nature of injury Fract. L. Femur

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. F. Kenzon M.D. Coroner M. D.
(Address) 1345 N. Patterson Park Ave

M. D. P. 1268-9 **F 09127** **F 09127**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2200 South Ave St., (or Ward) Mt Washington

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeannette K Hahn

(a) Residence: No. 5811 Gwynn Oak Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles A Hahn

6. DATE OF BIRTH (month, day, year): Aug 4. 1876

7. AGE: Years 58 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New Haven Conn

FATHER

13. NAME: Tobias Kahnler

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Hanna S Stohmeyer

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Charles A Hahn 2200 South Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date 2/2 19 35

19. UNDERTAKER (Address): J M Cook 1217 E Fort Ave

20. FILED 19 Registrar. RJK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3d 1935

22. I HEREBY CERTIFY, That I attended deceased from 1920 to Jan. 30 1935

I last saw her alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 4.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1933
Other contributory causes of Importance: Carcinomatosis	1934

Name of operation: Amputation of Breast Date of 1933

What test confirmed diagnosis: Pathological exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M Epple M. D.

(Address) 1235 Maryland Ave

M. D. P. No. F 09128 2037 Thiman F 09128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-B

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged (St.) Dolfuss (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Thiman

(a) Residence: No. Belvedere Towers (St.) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Rebecca

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry L. Thiman

(Address) 3600 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rvedale Date Jan 31, 1935

19. UNDERTAKER L. Levinson Bro

(Address) 112 E. Baltimore St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1935, to 1-30, 1935.

I last saw him alive on 1-30, 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Carcenoma of Stomach — Date of onset .....

Other contributory causes of importance:

Ca. Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edmund Levin, M. D.

(Address) Levindale

M. D. F 09129

F 09129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625-N. Spring Street St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? - - - yrs. - - mos. - - ds.

2. FULL NAME MARY C. FREDRICKS

(a) Residence: No. 1625-N. Spring Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) 10/7/1866

7. AGE	Years	Months	Days	If LESS than 1 XXXXXXXX or ..... min.
	68	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scranton, Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Eliz. Muir

(Address) 1625-N. Spring Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 1/31/35

19. UNDERTAKER George J. Roth Son

(Address) 1735-Harford Ave.

20. FILED JAN 31 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1935 to January 29, 1935. I last saw her alive on January 28 1935. Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast Liver and Intestines	June 1933
Other contributory causes of importance: Cachexia & Metastasis	June 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Eisenberg M. D.

(Address) 2035 E. Lott Ave.

F 09130

M. D. B. 1268-9

F 09130 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 Clifton ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Linar

(a) Residence: No. 2112 Smallwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Linar

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Store

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Solomon Linar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freda

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Augusta Linar

(Address) 2112 Smallwood st

18. BURIAL, CREMATION, OR REMOVAL Date 1-31-35

Place Rosedale

19. UNDERTAKER Sol Levin Inc

(Address) 1704 E. Balto St.

20. FILED JAN 31 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 36 to Jan. 30, 19 35. Death is said I last saw h-in alive on Jan. 30, 19 35. 5.30 P m. to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset 1934

Other contributory causes of importance: Toxic Myocarditis

Name of operation — Date of —

What test confirmed diagnosis Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) Nathan H Shpritz, M. D.

(Address) 2351 Eutaw Place

M. D. F. 1208-

F 09131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09131

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., 18 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HYMAN MERKER

(a) Residence: No. 854 W. FAYETTE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Fanna Merker

6. DATE OF BIRTH (month, day, year) May 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	7 8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Morris Merker

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Manna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Mt Carmel Date 1/31/35. 19

19. UNDERTAKER Leo Berg
(Address) 1439 E Baltimore St.

20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28. 1935. to Jan 31. 1935.

I last saw h[illegible] alive on Jan 31. 1935. Death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus with Diabetic Gangrene of both legs	?
Acute Cardiac Failure	1/31/35
Other contributory causes of importance:	

Name of operation Amputation Right Mid-Thigh Date of 1/31/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Earle M. Wilder M. D.

(Address) West Balto. Gen'l Hosp.

M. D. F. 12 F 09132

F 09132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 40 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Bertha Holden

(a) Residence: No. 2503 Dulaney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Holden

6. DATE OF BIRTH (month, day, year) Sept. 12-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	16/17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Schober

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Laura Hemmings

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Thomas Holden

(Address) 2503 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 1 35

19. UNDERTAKER J. B. Hilbert & Son

(Address) 3208 Eutaw Place

20. FILED 19 Registrar.

FEB 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1935 to 1-29 1935

I last saw her alive on 1-29 1935 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

Gangrene of foot
Congestive failure of heart

Date of onset

Other contributory causes of importance:

Cardiac hypertrophy
Paralysis of left side

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Adams M. D.

(Address) University Hosp.

F 09133

M. D. 1200

F 09133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Fulton Ave. Ward) 19

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA L. BREWER. X

(a) Residence: No. 115 S. Fulton Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of STEPHEN R. BREWER

6. DATE OF BIRTH (month, day, year) June 27-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT - HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME Charles Flaxcomb

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

MOTHER

15. MAIDEN NAME Elizabeth Jeffers

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT William A. Ashhorn

(Address) Paradise & Shady Nook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date JAN 31 19 35

19. UNDERTAKER F. D. Hyppard & Son

(Address) 1300 Eutaw Place

20. FILED Jan 30 19 35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 28 19 35

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1933 to Jan 28, 1935

I last saw her alive on Jan 26, 1935 Death is said to have occurred on the date stated above, at 11. P. m.

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchial Bronchopneumonia — Date of onset 12-2-34

Other contributory causes of importance:

Influenza — 1-1-35

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry B. Shuster, M. D.

(Address) 514 S. Fulton Ave.

M. D. R. 1268-b

F 09134

F 09134 EALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Rutland Ave St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Sheppard

(a) Residence: No. 817 Rutland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

6a. If married, widowed, or divorced (or) WIFE of John Sheppard

7. DATE OF BIRTH (month, day, year) 12-31-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME John Branch

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mildred Sheppard.

(Address) 817 Rutland Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Jan 31st 1935

19. UNDERTAKER M. E. Pda. Brownsville

(Address) 1129 Caroline St.

FILED JAN 25 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27-35 19

22. I HEREBY CERTIFY, That I attended deceased from on 1-27-35 19 to 19

I last saw her alive on 1-27-35 19 Death is said to have occurred on the date stated above, at 3.30 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-27-35
Other contributory causes of importance:	
Chronic nephritis (interstitial)	?
Arterio-sclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wagner Thomas M. D.

(Address) 1500 E. Madison St.

F 09135

M. D. B. 1765-3

F 09135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 W. Biddle St., 11 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Gant

(a) Residence: No. 120 W. Biddle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Sarah Lassiter.
(Address) 120 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Jan 31 4. 1935

19. UNDERTAKER Mrs Robert L. Elliott
(Address) 1129 Carolina St

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/4/33 . 19 . to 1/28/35 . 19 . Death is said I last saw her alive on 1/28/35 . 19 . to have occurred on the date stated above, at 11 30 m a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	unknown
Chronic Myocarditis	1933
Other contributory causes of importance:	
chronic Interstitial Nephritis	?
Ulcer of foot	11-34

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signature) J. Lassiter M. D.

(Address) 1500 E. Madison St.

F 09136

M. D. F. 1268-9

F 09136 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 E. Lafayette ave St., 17 Ward)

Length of residence in city or town where death occurred 78 yrs. — mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma A. Olwine

(a) Residence: No. 309 E. Lafayette ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): Jan 13 1877

8. AGE: Years 78 | Months — | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Augustus H. Olwine

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Catherine M. R. Barrickman

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Edna W. Olwine

(Address) 309 E. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Cemetery Feb 1 1935

19. UNDERTAKER: Chas. S. Black

(Address) 742 W. Fayette ave

Huntington Indiana

19 ..... Registrar.

F 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 1934 to Jan 29 1935

I last saw h or alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1932

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Homer L. Todd M. D.

(Address) 795 N. Fulton Ave

M. D. P. 1267-0

F 09137

F 09137 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 342

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 14 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Tripp.

(a) Residence: No. 1419 Blunt. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Tripp.

6. DATE OF BIRTH (month, day, year) 7/20/67.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Harrison Tripp

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Gray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 2/1/ 1935

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED 2 1935 Thurlington Williams, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/16, 1935 to 1/29, 1935

I last saw him alive on 1/29, 1935 Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency Syphilitic	1 wks.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

M. D. (Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 09138

F 09138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 179 77a 2/26/35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Irvin Cornes

(a) Residence: No. 1625 Edmondson St., Ave Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
RUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Cornes

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Lilly Mathis

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Harford Co Md Date 2/2/ 35

19. UNDERTAKER Frances A Hemsley
(Address) 1578 Hamilton Terrace, Md

21 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1935 to Jan 29 1935
Last saw him alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 2 15 m.

The principal cause of death and related causes of importance were as follows:

Lung pneumonia ?
Heart exhaustion

Date of onset
5 days
2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sylvia B Schwartz M.D.

(Address) Johns Hopkins Hospital

M. D. P 1265-9

F 09139

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09139

CERTIFICATE OF DEATH

V 34J-82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Boone.

(a) Residence: No. 1152 Shields Alley. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Boone.

6. DATE OF BIRTH (month, day, year) March 1892.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 60¢

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James Boone.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Florence Ringgold.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date Jan 31, 1935

19. UNDERTAKER Orange A. Donnelly
(Address) 578 W. Fiddler St.

20. FILED JAN 31 1935 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/, /, 1934 to 1/29, 1935

I last saw h. alive on 1/29, 1935 Death is said to have occurred on the date stated above, at 6 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-27-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

M. D. B. F 09140 F 09140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3426 Mondawmin St. 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franz Bartels

(a) Residence: No. 3426 Mondawmin Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Bartels

6. DATE OF BIRTH (month, day, year): Aug 15 - 1861

7. AGE: 73 | Years: 73 | Months: 5 | Days: 13 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: August Bartels
14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: McGuire
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Anna Bartels
(Address) 3426 Mondawmin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudons Park Date Jan 31 1935

19. UNDERTAKER: Hart Russell & Sons
(Address) Baltimore Md

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Jan 28 1935
I last saw him alive on Jan 28, 1935. Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

Acute dilitation of heart — Date of onset Jan 28/35

Other contributory causes of importance:
myocarditis about June 1/34

Name of operation ..... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify ...

(Signed) Walter Dunbar M. D.
(Address) 2220 Garrison Blvd

M. D. F 09141

F 09141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Hamilton Ave St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daisy E. Hawkins

(a) Residence: No. 817 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Hawkins

6. DATE OF BIRTH (month, day, year) April 28-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Atkins

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Daisy E. Atkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James E. Hawkins

(Address) 817 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place W. L. Cemetery Date Feb 2 . 1935

19. UNDERTAKER Wm. Geo. H. Bolton

(Address) 651 Lanvale St.

20. FILED Feb 2 . 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 29 . 1932 to Jan 30 . 1935

I last saw her alive on January 25th . 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix

Date of onset
Feb 29 1932

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. C. Peterson M. D.

(Address) 817 Hamilton Ave

M. D. B. 126 F 09142 ✓ F 09142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 GRINNALDS St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 63 yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES BUELIS

(a) Residence: No. 1932 GRINNALDS St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ANNA YIOTIS

6. DATE OF BIRTH (month, day, year) NOV 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	2	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR CAP

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MENS TAILORING

10. Date deceased last worked at this occupation (month and year) 15 YEARS AGO

11. Total time (years) spent in this occupation 25 YRS

12. BIRTHPLACE (city or town) (State or country) LITHUANIA

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) LITHUANIA

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) LITHUANIA

17. INFORMANT CHARLES BUELIS JR.
(Address) 1133 SARGENT ST

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon park cemetary Date 2-1-35 19

19. UNDERTAKER Chas B Kushnerias
(Address) 632 S. Paca St

20. FILED FEB 1 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from JAN 28, 1935, to JAN 30, 1935

I last saw him alive on JAN 30, 1935. Death is said to have occurred on the date stated above, at 3 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
CHRONIC BRONCHITIS	2 YEARS
PULMONARY EDEMA	1-29-35

Other contributory causes of importance:
BENIGN PROSTATIC HYPERTROPHY
RETENTION OF URINE.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. J. Milan M. D.

(Address) 682 WASHINGTON BLVD

M. D. B. 1269 F 09143

F 09143

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Avenue St. 16 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. White

(a) Residence: No. 1103 Dukeland ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles M. White,

6. DATE OF BIRTH (month, day, year) November 17. 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Philip Buchwald.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles M. White.
(Address) 1103 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL FEB 4 1935
Place Loudon Park Date ..... 19....

19. UNDERTAKER Geo. H. Little
(Address) 2700 Edmondson ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-27 1935 to 1-31 1935

I last saw her alive on 1-31 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroma uteri	

Other contributory causes of importance:

Pulmonary embolism	

Name of operation Supravaginal hysterectomy Date of 1-29-35

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles C. Conley M. D.

(Address) 3rd Nat. Bank Bldg.

M. D. B. 1268-9

F 09144

09144 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Johnson St., 24 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Whitty

(a) Residence: No. 1726 Johnson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Dorcas A. Whitty

6. DATE OF BIRTH (month, day, year): Apr. 21 - 1857

7. AGE: Years: 77 | Months: 9 | Days: 9 | If LESS than 1 day, ... hrs. or ... min.: ?

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

FATHER

13. NAME: Thomas H. Whitty

14. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

MOTHER

15. MAIDEN NAME: Eliz. Hodges

16. BIRTHPLACE (city or town) (State or country): A. A. Co. Md.

17. INFORMANT: Dorcas A. Whitty (wife)
(Address) 1726 Johnson St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Feb. 2 19 35

19. UNDERTAKER: Maggart & Brown
(Address) 1121 N. Eutaw St

Registered Feb 1 1935 Permit issued ... 19 ... Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1935 to Jan. 30 1935

I last saw him alive on Jan. 29 1935. Death is said to have occurred on the date stated above, at 12:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/26/35
Other contributory causes of importance: Exhaustion	1/29/35

Name of operation: None Date of ...

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1/31/35 (Signed) M. L. Campbell M. D.
(Address) 1644 Hanover St

M. D. B. 1268-9

F 09145

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09145

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Riverside Avenue 2d Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delia Christina Rudolph.

(a) Residence: No. 1422 Riverside Avenue Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry F Rudolph.

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at 1422 Riverside

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME Conrad Lang

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Julia Wauchs

15. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. H. Rudolph

(Address) 1522 Charles St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/1 '35

UNDERTAKER J. J. Flaherty Sons

(Address) 1318 Light St.

FILED 2/1 '35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 29 1935

22. I HEREBY CERTIFY, That I attended deceased from September 15 1934 to January 29, 1935

I last saw her alive on January 29 1935 Death is said to have occurred on the date stated above, at 640 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the right mammary gland	not known
Other contributory causes of importance: Carcinoma right axillary and mediastinal glands	not known

Name of operation Radical amputation right mammary gland Date October 1934.

What test confirmed diagnosis? Pathologic Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J Edward Norris M. D.

(Address) 107 East west st.

M. D. B. 1268-9

09146 F 09146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Blazek

(a) Residence: No. 3164 Lyndale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) March 10-1934

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Adolph Blazek

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Jena Cyprick

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Adolph Blazek
(Address) 3164 Lyndale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Patterson Date 1/31, 1935

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St.

FILED 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 12. 1935 to January 30. 1935

I last saw him alive on January 30. 1935 Death is said to have occurred on the date stated above, at 3 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	
2. Emphysema	

Other contributory causes of importance:

Name of operation Thoracotomy Date of 1-21-35

What test confirmed diagnosis? Opn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. P. 1968-9

09147 E 09147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C Registered No.

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

about

2. FULL NAME Lallie L Hopkins

(a) Residence: No. 1404 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Tydings

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lucretia Harwood

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E Forestal

(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 2 19 35

19. UNDERTAKER J Kemp Kuhlmann

(Address) 532 Baltimore St

20. FILED 19 Registrar

1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15 1934 to Jan 31, 1935

I last saw h alive on Jan 30, 1935 Death is said to have occurred on the date stated above, at 1:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic ?	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwin E Jones M. D.

(Address) 1205 St Paul St. City

F 09148

F 09148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. [illegible] How long in U. S. If of foreign birth? ..... yrs. ..... mos. 4 ds.

2. FULL NAME Jean Maud Mackay

(a) Residence: No. 146-Princess St. - Glasgow, Scotland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of - - - - -

DATE OF BIRTH (month, day, year) 5/29/1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	1	xxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Propr. Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Glasgow-Scotland

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Scotland

12. NAME John Mackay

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Janet

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT (Address) Mrs. Janet Jamieson (sister) 726 3rd Ave-Cathcart 146-Princess St. Glasgow. Scotland.

BURIAL, CREMATION, OR REMOVAL Place Glasgow-Scotland Date 2/1/35 19

UNDERTAKER (Address) 1735 Harford Ave.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Fracture at base of skull	Jan 30/3

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury Jan 30

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in "Wilson" tunnell of Penna R.R. at Baltimore, Md.

Manner of injury while passing thru train from diner fell thru open vestibul door & trap door.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Walter M. D.
Coroner

(Address) 508 E. Fayette St.

M. D. P. 1268-9

F 09149

09149 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-a

1. PLACE OF DEATH 551-Orchard St-

CITY OF BALTIMORE: (No. 551 Orchard St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Johnson

(a) Residence: No. 551 Orchard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Johnson

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Casey Thompson 1938 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL Place Potters Field Date 2/1 1935

19. UNDERTAKER Ernest Brantley (Address) 518 E Lexington St

20. FILED Feb 1 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1935, to Jan 29, 1935

I last saw her alive on Jan 27, 1935. Death is said to have occurred on the date stated above, at 5.50 P m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset Jan 29

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Garland Ahrnsbrak M. D.

(Address) 1534 Druid Hill Ave

M. D. P. 1268-9

F 09150

09150 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Reed.

(a) Residence: No. 771 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Music

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wife

(Address) Above address.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb 1 1935

19. UNDERTAKER Ellroy C. Wilson

(Address) 100 E. Biddle St.

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/17 1934 to 1/29 1935

I last saw h alive on 1/29 1935 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins disease (?)	19 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

M. D. B. 12 F. 09151 ✓ F 09151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Tates

(a) Residence: No. 910 N Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	AA	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17	17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Aaron Tates (brother)
(Address) 910 N Pine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemet Date Feb. 1 at 19 35

19. UNDERTAKER Ethan J Wilson
(Address) 1001 Pennsylvania Ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1935 to 1-30 1935

I last saw him alive on 1-30 1935 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	1-26-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. Logan M. D.

(Address) Resident Hospital

M. D. P. 1268-9

F 09152

HEALTH DEPARTMENT—CITY OF BALTIMORE

09152

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Rydzynski

(a) Residence: No. 6378 S. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret Rydzynski

6. DATE OF BIRTH (month, day, year) Aug. 25, 1902.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heavy Oil Burner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Rydzynski

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Nadrzynska

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Rydzynski (Address)

18. BURIAL, CREMATION, OR REMOVAL Feb 1st 1935

Place Maryland Cem

19. UNDERTAKER Stephen J. Fratkowski & Co (Address) 1008 N. Edwards

FILED Feb 1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1935, to Jan. 29, 1935.

I last saw him alive on Jan. 29, 1935. Death is said to have occurred on the date stated above, at 4:50 a. m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease (Cardiac Failure)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George S. Bayley, M. D.

(Address) Mercy Hospital

1935

M. D. H. 1268-2

Eikenberg

F 09153

09153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 N. Luzerne St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby W Eikenberg

(a) Residence: No. 1108 N. Luzerne St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Sngl

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 31 st 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm Eikenberg

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Mary Kirg

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Wm Eikenberg

(Address) 1108 N. Luzerne ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 1- 1935

UNDERTAKER Tilly Funeral Inc.

(Address) 743 S Wolfe St

FILED ... 19... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 st 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan Jan 31 1935 to ... 19...

I last saw him alive on Jan 31 1935 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Prematur Birth

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) David Hayden M. D.

(Address) 216 N Greene St

M. D. P. 1268-9

V F 09154

HEALTH DEPARTMENT—CITY OF BALTIMORE

09154

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 E. 37th St., 13 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christopher F. Stine

(a) Residence: No. 1019 E. 37th St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth A. Stine

6. DATE OF BIRTH (month, day, year) August 1-1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry F. Stine
(Address) 1019 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Park Feb. 1- 1935

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road
Huntingtown & Kenilworth Sts.

20. FILED FEB 1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26th 1935 to Jan 30th 1935

I last saw h... alive on June 29th 1934 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset Jan 26 35

Other contributory causes of importance:

Senile Psychosis Arteriosclerosis

Name of operation No. Date of ...

What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Leech M. D.

(Address) 3614 Toreo Rd. Brooklyn

M. D. P. 1268-9

F 09155

09155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1539 Covington St., 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman W. Smith

(a) Residence: No. 1539 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clara V. Smith

7. DATE OF BIRTH (month, day, year): March 19, 1912

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Draughtsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pa. Water Power Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: James H. Smith

14. BIRTHPLACE (city or town) (State or country): U. S. A.

15. MAIDEN NAME: Lora M. Reynolds

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Rachel Reynolds 1539 Covington St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Cedar Hill Date: Feb. 1, 1935

19. UNDERTAKER (Address): A. E. Evans & Sons 38 E. Ford Ave.

FILED: 1935, 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 29th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21st, 1934 to Jan. 29th, 1935.

I last saw him alive on Jan. 28th, 1935. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (fulminating type)	12/4/34

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis: T.B. & Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Leibel M.D.

1/31/35 Address 1214 26 Hanover St.

M. D. B. 1268-9

F 09156

09156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-N

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 803 William St., 7 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia V Ross

(a) Residence: No. 803 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Archie D Ross

6. DATE OF BIRTH (month, day, year) Oct 29 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

13. NAME Andrew J Randol

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Berney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Andrew J. Randol
(Address) 3909 Robinson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross a date Feb 1 1935

19. UNDERTAKER John F Denny
(Address) 715 Light St

FILED: 31 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1935 to Jan 29 1935

I last saw him alive on Jan 28 1935 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Walker, M. D.

(Address) 827 Light St

M. D. P. 1268-9

F 09157

09157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

142a

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth E. Knash

(a) Residence: No. 6012 Burgess Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Knash

DATE OF BIRTH (month, day, year) Oct 13 1904

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Louis Herbs

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Emma E. Sachs

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

INFORMANT Mrs. Albert Knash
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 4 1935

UNDERTAKER Leslie Frankhouse & Son
(Address) 2401 Belair Rd.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 31 1935

22. I HEREBY CERTIFY, That I attended deceased from January 28 1935 to January 31 1935

I last saw h alive on January 31 1935 Death is said to have occurred on the date stated above, at 6 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Ectopic pregnancy	
2. Peritonitis	

Other contributory causes of importance:

Name of operation Posterior colpotomy Date of 1-29-35

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wagensell M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-2

F 09158

09158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 E. Thirty-Third St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wetzelberger

(a) Residence: No. 1605 E. Thirty-Third St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Wetzelberger

6. DATE OF BIRTH (month, day, year) Jan. 20th. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

FATHER

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME Anna E. Bachmann

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

17. INFORMANT Mrs. Martha E. Gilroy
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Feb 1, 1935

19. UNDERTAKER Frederick Lassahn Sons
(Address) 7401 Belair Road

20. FILED 1935 Attest for Life Insurance Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1935 to Jan 29 1935

I last saw her alive on January 27, 1935 Death is said to have occurred on the date stated above, at 8.15 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Myocarditis — Chronic

Other contributory causes of importance:

Arteriosclerosis — Chronic

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. P. 1268-9

F 09159

09159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Frere

(a) Residence: No. Tompkinsville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 13, 1892

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER William Frere

14. BIRTHPLACE (city or town) (State or country) Wash. D. C.

15. MAIDEN NAME OF MOTHER Josephine Phillips

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Tompkinsville Date Feb 2, 1935

19. UNDERTAKER Charles H. Roby
(Address) Belcamp Md

Filed ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1934 to Jan 31, 1935
I last saw him alive on Jan 31, 1935 Death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infiltrating bladder tumor, Carcinoma	1934
Ca of bladder (Urinary Bladder)	1909
Other contributory causes of Importance: Secondary anemia	1934

Resection of bone in infiltrating bladder tumor Name of operation Date of Oct. 5, '34

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp.

M. D. D. 1288-9

09160 HEALTH DEPARTMENT—CITY OF BALTIMORE F 09160

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 N. Calvert St., 17 Ward)

Length of residence in city or town where death occurred 80 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Frances Lawrence White

(a) Residence: No. 2800 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Paul White

7. DATE OF BIRTH (month, day, year) Dec. 26, 1851

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	3 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Memphis Tennessee

13. NAME George Jenkins

14. BIRTHPLACE (city or town) (State or country) Long Green Maryland

15. MAIDEN NAME Lita M. Armour

16. BIRTHPLACE (city or town) (State or country) Memphis Tennessee

17. INFORMANT W. Armour Jenkins Jr.
(Address) 2800 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Long Green Date 2/1 1935

19. UNDERTAKER Kenny & Bryant Funeral Home
(Address) 2 [illegible] St.

FILED 1 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from January 12th 1935 to January 30th 1935

I last saw her alive on January 20th 1935 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

Failure of compensation, Chronic Valvular heart disease — Date of onset 1.12.35

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edith Elam Nash M. D.

(Address) 1515 Park Ave

M. D. B 1268-9

F 09161

F 09161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ +115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital, St., 24 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dovie E. Montgomery.

(a) Residence: No. Linthicom Heights, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, (or) WIFE of George H. Montgomery.

DATE OF BIRTH (month, day, year) April 7, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Chester, Pa.

13. NAME William F. Ellis.

14. BIRTHPLACE (city or town) (State or country) Georgia.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT George H. Montgomery (husband)

(Address) Linthicum Heights, Md.

BURIAL, CREMATION, REMOVAL Oak Grove Cem. Pa.

Place Arlington Cemetery Date Feb 2nd 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1935. , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h..... alive on ....., 19.. Death is said to have occurred on the date stated above, at 12.10 m p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus infeccion of the throat & neck.	
Septicaemia.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

1/30/35 (Address) 1017 E. Charles St.

M. D. P. 12 F 09162

F 09162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Md. 126 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Parks

(a) Residence: No. 2624 No. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Parks

7. DATE OF BIRTH (month, day, year) Oct. 30-1852.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Collins

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Hettie C. Land

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

INFORMANT Mrs. Effie B. Price

(Address) 2624 N. Charles St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Fairmount Date 1-30 1935

UNDERTAKER J. M. Cook

(Address) 1217 E. Eager St.

FILED 1-30-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-30-35

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at 1.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac, Renal Decompensation	1-27-35
Fracture of Neck of Femur (left)	1-25-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Inquiry. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident. Date of injury 1-25 , 1935

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In public place

Manner of injury Fall on sidewalk

Nature of injury Fracture as noted above.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph L. Valentine, M. D.
Coroner

(Address) 16 South Broadway

M. D. F. F 09163

F 09163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 E Fustin St. St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gesina J. Wieland

(a) Residence: No. 1111 E Fustin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lebern H. Wieland

7. DATE OF BIRTH (month, day, year) Sept 26, 1840

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	4	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Gerard Jacobson

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theo Ferg. Siegmund

(Address) 1111 E Fustin St

18. BURIAL, CREMATION, OR REMOVAL

Place Dr Cook Date 2/1 1935

19. UNDERTAKER J. M. Cook

(Address) 1210 Gay St

20. FILED Jan 19 35 Registrar

F 1555

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan — 1935 to Jan 29 1935

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4:20 PM

The principal cause of death and related causes of importance were as follows:

old age — Chronic myocarditis — arteriosclerosis —

Date of onset: years ago.

Other contributory causes of importance: Influenza Bronchitis Cachexia

2 days

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Bruce Dr M. D.

(Address) Medical Arts Bldg

M. D. B. 19 F 09164 F 09164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH 444 Whitridge ave

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Josephine Martin

(a) Residence: No. 444 Whitridge ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or WIFE of) George Martin

DATE OF BIRTH (month, day, year): Mar 26 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): Jan 15 1935

11. Total time (years) spent in this occupation: 25 yrs.

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: John Fenge

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Catherine E Muldner

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: George Martin

(Address): 444 Whitridge

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Feb 2 1935

UNDERTAKER: W M Groff

(Address): 117 E Baltimore St

FILED ..... 19 ..... A. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1935 to Jan 30 1935

I last saw her alive on Jan 30 1935 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/29/35
Other contributory causes of importance: Cerebral Thrombosis	1/26/30

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) † Edward Talbot M. D.

(Address) 2026 Eutaw Place

M. D. B. 1268-9

F 09165 HEALTH DEPARTMENT—CITY OF BALTIMORE F 09165

CERTIFICATE OF DEATH

348-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William (Keller) Zajackowski

(a) Residence: No. 427 S. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 1/1/1890.

7. AGE: Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland.

13. NAME OF FATHER: Peter

14. BIRTHPLACE (city or town) (State or country): Poland.

15. MAIDEN NAME OF MOTHER: Helen ?

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Anthony (Bro.)

(Address): 324 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: Feb 2 '35

19. UNDERTAKER: Fred W. Brazenski

(Address): 1930 Eastern Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/29 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/9 . 1934 to 1/29 . 1935

I last saw him alive on 1/29 . 1935 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia & abscess formation	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reed, M. D.

(Address) Balto. City Hosp.

F 09166

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09166

CERTIFICATE OF DEATH.

82-a

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 302 Tunbridge Road ST 27 WARD)

2 FULL NAME Marie Cowell Adams

(a) RESIDENCE No. 302 Tunbridge Road ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
RUSBAND of
(or) WIFE of Alvin Phillips Adams

6 DATE OF BIRTH (month, day, and year) July 10, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48.	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

10 NAME OF FATHER William R. Cowell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant Alvin P. Adams

(Address) 302 Tunbridge Road

Filed Feb 1 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31-35

17

I HEREBY CERTIFY, That I attended deceased from 1-29, 1935, to 1-31, 1935

That I last saw h ER alive on 1-30, 1935

and that death occurred, on the date stated above, at 7.15 A m

The CAUSE OF DEATH* was as follows:

CEREBRAL HEMORRHAGE
ARTERIOSCLEROSIS
HYPERTENSION

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John L. Storey M. D.

, 19 (Address) 1129 St Paul St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem.

DATE OF BURIAL 2-2 1935

20 UNDERTAKER Harry W. Jenkins & Son Co

ADDRESS Richard & Eutaw

F 09167

F 09167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Anna Owens

(a) Residence: No. 502 S. Decker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John T. Owens

6. DATE OF BIRTH (month, day, year) Dec. 2. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Wm. A. Wankmiller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Margaret E. Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John T Owens

(Address) 502 S. Decker ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feb 2 1935

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED ..... 19.. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935, to Jan 30 1935

I last saw h.. alive on Jan 29 1935. Death is said to have occurred on the date stated above, at 1 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Stomach	
Coronary Thrombosis	

Other contributory causes of importance:

Pulmonary Embolus

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

F 09168

M. D. [illegible]

F 09168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 741 S. Decker Ave St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank G. Hulseman

(a) Residence: No. 741 S. Decker ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Frances Hulseman

DATE OF BIRTH (month, day, year) Mch. 13-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME G. Hulseman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) not known

INFORMANT Mrs. Frances Hulseman

(Address) 741 S. Decker Ave.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb. 3 1935

UNDERTAKER George W. Zirkler

(Address) 1737 E. Eigh St.

FILED 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1935 to Jan 30 1935

I last saw him alive on Dec. 30 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	4 Day
Arteri Sclerosis	1 yr

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Dietz M. D.

(Address) 4085 Eastern Ave

M. D. P. F 09169 F 09169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 E. Eager St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph F. Busch

(a) Residence: No. 1208 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lillie V. Busch

7. DATE OF BIRTH (month, day, year): Oct. 10 1882

8. AGE: Years 52 | Months 3 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cigar Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Joseph Busch

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Elizabeth Kline

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mr Lillie V Busch

(Address) 208 E Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem Date: February 4 1935

19. UNDERTAKER: Henry Hoeck Sons, Inc.

(Address) 1301 E Eager St

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1935 to Jan 29 1935

last saw him alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 1.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch myocarditis	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) A. L. Hornstein M. D.

(Address) 733 Arsenith St

F 09170

F 09170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME May E. Barlag

(a) Residence: No. 1003 Somerset St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ed. J. Barlag

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Lawrence Worthington

14. BIRTHPLACE (city or town) (State or country) Unkn own

15. MAIDEN NAME Clara Kees

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Charles Barlag (son)

(Address) 1003 Somerset St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date February 2 1935

UNDERTAKER Kemp Hauck Long Inc

(Address) 1301 E Fayette St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31/35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia left	
Empysema	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Bower, M. D.

Coroner

(Address) 500 E Fayette

M. D. B 126

F 09171

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09171

CERTIFICATE OF DEATH

209-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna E Popp

(a) Residence: No. Woodale Rd., Turners Sta St., Balto Co Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter F Popp

6. DATE OF BIRTH (month, day, year) June 13 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	47	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Patrick J Cox

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Egan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mr Adam J. Popp

(Address) Turners Station, Balto Co Md

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemy Date Friday 2nd 1935

UNDERTAKER Henry Koch Long Bros

(Address) 1301 E Eager St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from Fractured Spine	
Ribs + Pelvis	
Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 1/30 1935

Where did injury occur? Dundalk Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by Trolley Car

Nature of injury Fract Spine

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. P. Heuisler M.D. M. D.

Coroner

(Address) 3 E N Patterson Pk

M. D. F 09172 F 09172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 160-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Wills

(a) Residence: No. 2088 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 4 th 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Wills

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Josephine Washington

16. BIRTHPLACE (city or town) (State or country) Wash. D. C.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cemetomical Board Date ... 19

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 th 1938 to Aug 4 th 1938

I last saw h... alive on Aug 4 1938 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Injury	Aug 4 th 1938

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John M. Pierce Jr. M. D.

(Address) Johns Hopkins Hosp.

T 1935

F 09173

F 09173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Curtis

(a) Residence: No. 1910 Argyle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21st 1935

7. AGE	Years	Months	Days	If LESS than 1 day, 5 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Curtis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cornelia Pierce

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

[illegible] Funeral Board Date ... 19

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1935, to 7-21, 1935

I last saw h... alive on 7-21, 1935. Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7-21-35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John M. Shreve, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-A

F 09174

F 09174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Barclay St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Winston

(a) Residence: No. 3221 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Winston

DATE OF BIRTH (month, day, year) Mch. 24, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	61	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME William Winston

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Maggie Winston

(Address) 1522 N. Mount St.

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date Jan. 31, 1935

UNDERTAKER Mrs. Robert A. Elliott

(Address) 1129 Lanvale St.

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1934 to Jan 29, 1935

I last saw h[illegible] alive on Jan. 27, 1935. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Indefinite

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

I hereby certify

(Signed) R. Garland Schnepfle, M. D.

(Address) 1554 Druid Hill Ave

F 09175

F 09175

290847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ X 51-C

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josefible Machado

(a) Residence: No. 4200 Military Road Ward. Washington DC
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Laura

7. DATE OF BIRTH (month, day, year) 8-15-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Diplomat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0082

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Dolores Machado

16. BIRTHPLACE (city or town) (State or country) Gautemala

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Rockville Md. Date Feb 1 1935

UNDERTAKER Wm Reuben Pumphrey
(Address) Rockville Md.

FILED ..... 19..... Registrar.

2-1-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1934 to Feb 1 1935

I last saw him alive on Feb 1 1935 Death is said to have occurred on the date stated above, at 12 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	1931
Other contributory causes of importance:	
Diabetes mellitus	1932
Pyelonephritis chronic	1932
Syphilis (Wa. R)	1894

Name of operation Exploratory Perineal Prostatectomy Date of 9-24-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1961 F 09176 F 09176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3723 Belle Ave. St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Porter Nichols

(a) Residence: No. 3723 Belle Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth E. Nichols (nee King)

DATE OF BIRTH (month, day, year) Jan. 27, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 0 0 3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Oxford Md.

13. NAME John Nichols

14. BIRTHPLACE (city or town) (State or country) Oxford Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Oxford Md.

INFORMANT Dr. F. K. Nichols

(Address) 4711 Roland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Jan. 31, 1935

UNDERTAKER John C. Mitchell & Sons

(Address) 6900 Euta w Place

FILED . . 19 . . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1934 to Jan 1935

I last saw him alive on Jan 30, 1935. Death is said to have occurred on the date stated above, at 240A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	
Chronic Interstial nephritus	2 yrs
General Anasarca.	

Other contributory causes of importance:

Myocardial Decompensation Weeks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damian P. Alagia M. D.

(Address) 3326 Frederick Ave.

F 09177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09177

CERTIFICATE OF DEATH

V 46-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 E lafayette Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F Lauer

(a) Residence: No. 1900 E Lafayette ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Roas B Lauer

DATE OF BIRTH (month, day, year): Dec 16 1864

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	75	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dairyman 25 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Asst night watchmen 16 yrs

10. Date deceased last worked at this occupation (month and year): 1862

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Pennsylvania

13. NAME: John Lauer

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

INFORMANT (Address): Elmer F Lauer 2815 State St Mc Keesport Pa

BURIAL, CREMATION, OR REMOVAL Place London Pk Date Feb 1 19 35

UNDERTAKER (Address): John Foellmer Sons

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 29 th 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jany 3 19 35 to Jany 29 19 35

(Last saw him alive on) Jany 29 7.45 pm Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J Walter Thomas M. D.

(Address) 3136 Eastford Rd

M. D. P. 1268-9

F 09178

F 09178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4703 Mansfield Ave St., 27 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Elizabeth Jachens

(a) Residence: No. 4703 Mansfield ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John F Jachens

7. DATE OF BIRTH (month, day, year) Nov 1. 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Schaal

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Katherine Meyer

(Address) 4703 Mansfield ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 2 1935

UNDERTAKER John Bellmer

(Address) 2006 Orleans St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1935 to Jan 30 1935

I last saw her alive on Jan 30 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Can not say
Symptoms began Dec 28th	1934

Other contributory causes of importance:

Name of operation Artificial Anus Date of 1-15-35.

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) L L Eordy M. D.

(Address) Harford Rd & Cleveland Ave

H. D. P. 12 F 09179 F 09179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Toirend.

(a) Residence: No. 350 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah E and Ida.

DATE OF BIRTH (month, day, year) 3/16/1855.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Solus C.

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Mary W. ?

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Records B of H.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Jan 1 1935

UNDERTAKER John Welsh
(Address) 1008 Eutaw St

FILED 19 Registrar

B1-1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/29 1933 to 1/30 1935

I last saw him alive on 1/30 1935 Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Keith M. D.

(Address) Balto. City Hosp

H. D. P. 1268-9 F 09180 F 09180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N Ellwood Ave St., 6 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Agnes Leonard

(a) Residence: No. 108 N Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of: Paul Leonard

DATE OF BIRTH (month, day, year): Oct 10 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

BIRTHPLACE (city or town) (State or country): St Louis Mo

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country): Mo

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country): Mo

INFORMANT: Paul Leonard

(Address) 108 N Ellwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 2 19 35

UNDERTAKER John Elliott

(Address) 3008 Eutaw

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1935 to Jan 30 1935

I last saw h alive on Jan 30 1935 Death is said to have occurred on the date stated above, at 1 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 30

Other contributory causes of importance:

Hypertension	Jan 30 35

Name of operation None Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Warner M. D.

(Address) 1301 N Patterson

M. D. B. 1268-9 F 09181 F 09181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4A Ward)

Length of residence in city or town where death occurred, yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Robertson Jr.

(a) Residence: No. Lonaconing Md St., Ward. Rockville St. Lonaconing, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Robertson

DATE OF BIRTH (month, day, year) Feb. 16 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rayon Factory 0884

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1934

11. Total time (~~years~~) spent in this occupation 4½ Mo

12. BIRTHPLACE (city or town) (State or country) Lonaconing Md.

13. NAME Andrew Robertson Sr.

14. BIRTHPLACE (city or town) (State or country) Lonaconing Md.

15. MAIDEN NAME Mary Patton

16. BIRTHPLACE (city or town) (State or country) Lonaconing Md

INFORMANT Mrs Andrew Robertson Sr.
(Address) Lonaconing Md.

BURIAL, CREMATION, OR REMOVAL Oakhill Cem Lonaconing Md. Feb 4 1935
Place Date

UNDERTAKER Wm J. Tichnor & Son
(Address) J. North Potter

FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-11 1934 to 1-31- 1935

I last saw him alive on 1-31 1935 Death is said to have occurred on the date stated above, at 6.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis of left lung	
Bronchio pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. K. Adams M. D.

(Address) University Hosp.

F 09182

H. D. F. 126 F 09182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4026 Belle Ave St., 15 Ward)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Bond Wightman

(a) Residence: No. 4026 Belle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wightman

7. DATE OF BIRTH (month, day, year) Dec 26 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George L Bond

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Anne Livingston

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Jno. Wightman

(Address) 4026 Belle Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 1 19 35

UNDERTAKER Wm J Fulton & Sons

(Address) North & Penna Aves.

FILED 1935 Jan 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934 to Dec 30, 1934

I last saw h. alive on Jan 30, 1934 Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1/24/34

Other contributory causes of importance:

Fatty degeneration of Heart Myocardium	12/20/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. C. Hearn M. D.

(Address) 3907 Gracedam Rd

D. P. 1268-9

F 09183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09183

CERTIFICATE OF DEATH

XV92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Druid Hill St., 14th Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Brown

(a) Residence: No. 1529 Druid Hill St. Ward. Wilmington, Del

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col'd | 5. Single, Married, Widowed, or Divorced (write word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Brown

DATE OF BIRTH (month, day, year) Sept 12-1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Undertaking

10. Date deceased last worked at this occupation (month and year) ..... | 11. Total time (yrs.) spent in this occupation .....

12. BIRTHPLACE (city or town) Wilmington Del (State or country)

13. NAME Jas Brown

14. BIRTHPLACE (city or town) Wilmington Del (State or country)

15. MAIDEN NAME Mary Irons

16. BIRTHPLACE (city or town) Wilmington Del (State or country)

INFORMANT Dr. Piper

(Address) 1128 Pine St Wilmington

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 1, 1935

UNDERTAKER Charles H. Burkett

(Address) 528 Lawrence St Wilmington Del

FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Regular

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. E. Buck Coroner M. D.

(Address) Coroner

F. D. B. 1268-9

F 09184

F 09184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1907 Oak Hill Ave. St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. Cromie

(a) Residence: No. 1907 Oak Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: William Cromie

DATE OF BIRTH (month, day, year): Nov. 30 1871

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	63	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Conrad Riedel

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Kumgunda Berl

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs. Barbara Morgan

(Address): 1907 Oak Hill Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: Jan 2 1935

UNDERTAKER: J. Few McCully

(Address): 130 E. Fort Ave.

FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1934 to Jan 30 1935

I last saw her alive on Jan 30 1935 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	

Other contributory causes of importance:

Chr. Nephritis

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C Manning M. D.

(Address) 800 E North Ave

M. D. P. 1259-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

09185 CERTIFICATE OF DEATH F 09185

Registered No. ✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise K Katz.

(a) Residence: No. 1728 Fernell Place. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred

DATE OF BIRTH (month, day, year) 10/27/57

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Records Beth.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/1 1935

UNDERTAKER Edward Fourman
(Address) 2337 West Baltimore

FILED Feb 1 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1935 to 1/29 1935

I last saw h[illegible] alive on 1/29 1935 Death is said to have occurred on the date stated above, at 7[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	7 mos
Aortic insufficiency	2
arteriosclerosis	2
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert A Reyle M. D.
(Address) Balto. City Hosp.

F 09186

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09186

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Patapsco St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie M. McCambridge

(a) Residence: No. 1440 Patapsco St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry McCambridge

DATE OF BIRTH (month, day, year) Mar. 27, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John Hamm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Henry McCambridge

(Address) 1440 Patapsco St

BURIAL, CREMATION, OR REMOVAL

Place Parkawn Date Feb 7, 1935

UNDERTAKER Fred A. Kyzar & Son

(Address) 108 S. Hanover St

FILED 1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 29th, 1935

I HEREBY CERTIFY, That I attended deceased from March 19, 1934 to Jan 29th, 1935

I last saw her alive on Jan. 28th, 1935. Death is said to have occurred on the date stated above, at 10 - P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular disease

Date of oper. 3/7/34

Other contributory causes of importance:

Bronchopneumonia

1/25/35

Name of operation None Date of

What test confirmed diagnosis? C. P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry Deiker M.D.

1/30/35 Address 1224 Hanover St.

M. D. F. No. F 09187

F 09187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3845 Quarry Ave St., 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Fulton

(a) Residence: No. 3845 Quarry Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Child

DATE OF BIRTH (month, day, year): Feb 1, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or 45 min.
~~1 hour~~			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

13. NAME: John W. Fulton

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME: Edith Murk

16. BIRTHPLACE (city or town) (State or country): md

INFORMANT: John W. Fulton

(Address) 3845 Quarry Ave

BURIAL, CREMATION, OR REMOVAL: St Mary's Cem Date Feb 1, 1935

UNDERTAKER: Ehrgott & Forst

(Address) 3615-17 Chestnut Ave

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935 to Feb 1, 1935

I last saw h in alive on Feb. 1, 1935 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 2/1/35

Other contributory causes of importance: Prolonged labor.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ga. Simmonelli, M. D.

(Address) Medical Art Bldg.

M. D. P. 1268-9

F 09188

F 09188

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 N. Augusta Ave. St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Ann Laplanche

(a) Residence: No. 605 N. Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest E. Laplanche

DATE OF BIRTH (month, day, year) July 26, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Johne B. Fluskey

13. BIRTHPLACE (city or town) (State or country) Nova Scotia

15. MAIDEN NAME Margaret McCamley

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss Frances C. Laplanche

(Address) 605 N. Augusta Ave.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Feb. 2 1935

UNDERTAKER Joseph Rook

(Address) 1005 E. Baltimore St.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1934 to January 30, 1935

I last saw her alive on January 29, 1935. Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Pulmonary hemorrhage	1/30

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thedare E. Stacy, M. D.

(Address) 4012 Edmondson Ave.

D. B. 1268-9

F 09189

09189 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107a

Registered No.

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack Richard Camp

(a) Residence: No. 520 S. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 8/1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME August Camp

14. BIRTHPLACE (city or town) (State or country) U.S. So. America

15. MAIDEN NAME Mary Fabrizzio

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Mother

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Feb 1, 1935

UNDERTAKER John H. Weber

(Address) 1101 E. Chase St

FILED Feb 1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31/35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h... alive on ..... 19 Death is said to have occurred on the date stated above, at about 11 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1008 E. Monument

H. D. P. 1268-9

F 09190

09190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 95B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M Bradley.

(a) Residence: No. 238 S. Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White.	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Roland. Bradley

DATE OF BIRTH (month, day, year) 11/4/1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38.	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Thomas Porter.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Estella Adams.

16. BIRTHPLACE (city or town) (State or country) Del.

INFORMANT Records Balt.
(Address)

BURIAL, CREMATION, OR REMOVAL Frederalsburg MD Date 2/2nd 1935

UNDERTAKER Robt Brooks & Son
(Address) Calhoun & Hollins sts

1935 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/26 1934 to 1/30 1935

I last saw her alive on 1/30 1935 Death is said to have occurred on the date stated above, at 5 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease & myocardial insufficiency.	Aug '34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

1/30/35 (Address) Balto City Hosp.

H. D. B 1268-9

F 09191

09191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 903 N. Appleton St., 19 Ward)

Length of residence in city or town where death occurred ....yrs. 6 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Florence Emmens (EMMONS)

(a) Residence: No. 6 N. Calhoun St., ... Ward. ..... Phila. Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of James E. Emmons

DATE OF BIRTH (month, day, year) Aug. 4. 1886

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia

13. NAME James M. Elroy

14. BIRTHPLACE (city or town) (State or country) Willington

15. MAIDEN NAME Anna Jessinger

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT James E. Emmons

(Address) 6. N. Calhoun Street

BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa. Date Feb. 1st 1935

UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

FILED ..... 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h.... alive on Jan. 31 Death is said to have occurred on the date stated above, at 11. 8 m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic myocarditis	5 months

Other contributory causes of importance:

Name of operation: Regular Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. B. Kirk M. D.

(Address) Coroner

M. D. B. 1268-9

F 09192

9192 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 21 Ward)

Length of residence in city or town where death occurred 66 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Lusby

(a) Residence: No. 1016 W. Cross st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Lusby

DATE OF BIRTH (month, day, year) Nov. 15, 1868

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles A. Lusby

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Catherine Davis

16. BIRTHPLACE (city or town) Virginia
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/4 1935

UNDERTAKER Corbin J. Cowdry & Son
(Address) 1901 Dolphin St.

FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30 35

22. I HEREBY CERTIFY, That I attended deceased from January 28 19 35 to January 30 19 35

I last saw him alive on January 30 19 35 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	2 mos.
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Balto. City Hospitals

M. D. P. 1268-0

F 09193

9193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH Sisters of the Poor

Registered No.

CITY OF BALTIMORE: (No. 1200 Valley St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Henry

(a) Residence: No. Little Sisters St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Sweeney.

DATE OF BIRTH (month, day, year) Sept. 8, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Timber 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Henry.

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Byrne.

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Sr. Rose, Asst. Sup.

(Address) 1201 Valley St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/4/, 1935

UNDERTAKER John J. Cowan & Son

(Address) 1901 Gallows St.

FILED , 19

Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1934 to Jan 30, 1935

I last saw h alive on Jan 25, 1935. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?

Other contributory causes of importance:

Asthma

Hypertension

Arter Sclerosis

Name of operation None Date of No

What test confirmed diagnosis? Phys Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. McCarthy, M. D.

(Address) 111 N. Howard St.

F 09194

F 09194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Wallace

(a) Residence: No. 917 Forrest st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0074

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Henry Wallace

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Pinkie Fordan

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Feb 1st 1935

UNDERTAKER Archibald C. Geddes

(Address) 2101 W. Baltimore St.

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from October 20 1933 to January 30 1935

I last saw him alive on January 30 1935. Death is said to have occurred on the date stated above, at 3:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1933

Other contributory causes of importance:

Name of operation Date of None

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Balto. City Hospitals

Spec.—1-12-23—M&T—500 Blks.

✓ F 09195

09195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 So. Gundy ST., 26 WARD)

2-FULL NAME Amelia Giannino

(a) RESIDENCE NO. 229 So Gundy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 34 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	white	widowed

6 If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) March 20, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

0037

BIRTHPLACE (city or town) (State or country) Italy —

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Filomena Rossi

(Address) 229 So Gundy St.

1935 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 31 1935

17 I HEREBY CERTIFY, That I attended deceased from March, 1928, to January 31, 1935, that I last saw h[illegible] alive on January 30, 1935, and that death occurred, on the date stated above, at 7:20 a. m.

The CAUSE OF DEATH* was as follows:

Acute cardiac failure
Chronic nephritis
Arteriosclerosis —

(duration) 2 yrs. 4 mos 6 ds.

CONTRIBUTORY (Secondary) Bronchitis -

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Frank P. Di Paulo, M. D.

, 19 (Address) 1323 W. North Ave —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pt. Lookout, N. Cemetery

DATE OF BURIAL 2/2 1935

20 UNDERTAKER Frank Della Noce

ADDRESS 52 N Monroe St

M. D. P. 1268 F 09196 ✓ F 09196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 12 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? Life ... mos. ... ds.

2. FULL NAME Annie Rumney

(a) Residence: No. 2025 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced
~~HUSBAND of~~ ~~WIFE of~~ Theodore Rumney

DATE OF BIRTH (month, day, year) Sept. 29, 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Dennis McCarthy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date Feb 2nd 1935

UNDERTAKER Wm Poole
(Address) 1217 St Paul St

FILED Feb 1 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/6, 1935, to 1/30, 1935

I last saw her alive on Jan. 30, 1935 Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver – biliary cyrrhosis & chloroma & anemia (non-alcoholic)	2 yrs 2

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) Mercy Hospital.

F 09497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09497

X 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Claude D. Feeron

(a) Residence: No. 305 F. St., Sparrows Point St. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, year) Dec 24/1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forman at ~~Teller Baker~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Millersburg, Pa.

13. NAME John Feeron

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Littla White

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Blanche Feeron (wife)

(Address) Sparrows St., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 3 1935

19. UNDERTAKER John. F Denny

(Address) 713 Light St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan30/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (left)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) .....

F 09198

H. D. B. 1268-9

09198 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Eastep

(a) Residence: No. 6808 Brentwood St., Av. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/11/34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Elsie Eastep

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Med School Date Feb 1 1935

UNDERTAKER
(Address)

FILED 1935 ... Registrar.

1082

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan-29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan-27 1935 to Jan-29 1935

I last saw him alive on Jan-29 1935 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus — Date of onset Birth

Other contributory causes of importance:

Prematurity

Name of operation Ventriculostomy Date of 1-25-35

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frances Kathleen Cleary M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 09199

09199 HEALTH DEPARTMENT—CITY OF BALTIMORE

34a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther Hooper

(a) Residence: No. 1013 Bennett Pl. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word):

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 11/6/34

AGE	Years	Months	Days: 2 / 3 weeks	If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: Jas. Hooper

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME OF MOTHER: Bessie Joyce

16. BIRTHPLACE (city or town) (State or country): N. J.

INFORMANT: Parents
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place: Penn. School Date: Feb 1 19 35

UNDERTAKER
(Address)

FILED: 1935 Hunterian Laboratory Registrar

1084

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935 to Jan 27 1935

I last saw her alive on Jan 27 1935 Death is said to have occurred on the date stated above, at 2:10 a m.

The principal cause of death and related causes of importance were as follows:

Congenital heart malformation
congenital syphilis
Septicemia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas D. Schmeckebier M. D.

(Address) Johns Hopkins Hospital

M. D. 7 1265-0

✓ F 09200

09200 D HEALTH DEPARTMENT—CITY OF BALTIMORE

Ped

CERTIFICATE OF DEATH 15

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Spence X

(a) Residence: No. Hurnes Cottages St., Ward. Same

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 29, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3 hrs	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) MD -

13. NAME Boy Son Spence

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Dorothy Spence

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Parents -

(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's School Date Feb 1 19 35

UNDERTAKER

(Address)

FILED 19 Registrar.

1935 1085

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 19 35 to Jan 30 19 35

that I last saw h[illegible] alive on Jan 30 19 35 Death is said to have occurred on the date stated above, at 12 40 m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empiema,	1-29-35
Staphylococcus peritonitis	1-29-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irvin J. Schwentker M. D.

(Address) Johns Hopkins Hospital

H. D. B 1263-9

09201 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 194-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JANET E. BRALLIER

(a) Residence: No. Everett, Route 2, PA. Ward.
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) 7-19-33

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none ✓ Grad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) (State or country) Everette, Route 2 PA.

13. NAME Walter Brallier

14. BIRTHPLACE (city or town) (State or country) PA.

15. MAIDEN NAME Olive McFarlan

16. BIRTHPLACE (city or town) (State or country) PA.

INFORMANT Mercy Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Everett Pa. Date Feb-4 19

UNDERTAKER Stevens & Bowers Co
(Address) 107 N. Charles Ave.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-35 19

22. I HEREBY CERTIFY, That I attended deceased from 1-29-35 19 to 2-1-35 19

I last saw h[illegible] alive on 2-1-35 19 Death is said to have occurred on the date stated above, at 12.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foreign Body (Peanut) in Lung	1-28-35
Other contributory causes of importance: Pulmonary Congestion	1-28-35

Name of operation Bronchoscopy 1-28-35 Tracheotomy 1-28-35 Date of

What test confirmed diagnosis Bronchoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph V. Ellis. M. D.
(Address) Mercy Hospital

M. D. P 1261-A

F 09202

9202

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309. Arabia. Av. St., 27 Ward)

Length of residence in city or town where death occurred 83 yrs. 8 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina B. Weaver

(a) Residence: No. 4309. Arabia. Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William C. Weaver.

DATE OF BIRTH (month, day, year) May. 12-1851.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House. Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Siebel.

14. BIRTHPLACE (city or town) (State or country) Germy.

15. MAIDEN NAME Margaretta Straus.

16. BIRTHPLACE (city or town) (State or country) Germy.

INFORMANT Henry C. Weaver.

(Address) 1224. South. Charles. St.

BURIAL, CREMATION, OR REMOVAL

Place Falls Cem. Date Feb 2nd, 1935

UNDERTAKER J. Schulman & Son

(Address) 1637 Lanvale St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1933, to Jan 30th, 1935

I last saw her alive on Jan 30th 1935. Death is said to have occurred on the date stated above, at 3 — p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	12-1-33
Chronic Cerebrospinal Sclerosis Nephritis	June 1934

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) R. L. Grady M. D.

(Address) Harford Rd. & Walbrook Ave

D. B. 1268-9

09203 F 09203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 7 Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Boyd

(a) Residence: No. 226 S. Greene St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of 1888

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Cora Barrett

(Address) 226 S Greene St

BURIAL, CREMATION, OR REMOVAL

Place Patapsco Date 2-2. 1935

UNDERTAKER Bernard P. Hensley

(Address) 618 W Mid Hilliard

FILED ... 1935 ... Registrar.

1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Eugene Zellers Coroner, M. D.

(Address) 2 S Eastern Ave

D. H. 1268-9

F 09204

HEALTH DEPARTMENT—CITY OF BALTIMORE

9204

CERTIFICATE OF DEATH

92a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hosp. St., 13 Ward)

CITY OF BALTIMORE: (No.) life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred

2. FULL NAME Lou E. Ripley

(a) Residence: No. 3424 Roland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Ripley

6. DATE OF BIRTH (month, day, year) March 17 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Thos. Sampson.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ada Clark.

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Louis Ripley Husband

(Address) 3424 Roland Ave.

BURIAL, CREMATION, OR REMOVAL Date Feb. 4/ 35 19

Mang Funeral Dir.

UNDERTAKER Walter Davis & Brother

(Address) 2346 Huntington Ave. Balto. Md.

FILED Feb 5 1935 19 C Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1/ 35 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5-00 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

(Other contributory causes of importance)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John H. Mowery M. D.

(Address) 3625 Roland Ave Coroner

M. D. P. 1268-0

F 09205

9205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH West Baltimore Mercy Hospital Registered No.

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Lee T. Proctor

(a) Residence: No. 2001 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 20 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Spotsylvania Co. Va
(State or country)

13. NAME OF FATHER George W. Proctor

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME OF MOTHER Martha Jones

16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Mr. W. A. Stanwedel

(Address) 2001 Wilkens Ave.

BURIAL, CREMATION, OR REMOVAL

Place Fredericksburg Va Date Feb. 3, 1935

UNDERTAKER John J. Feeney

(Address) 715 Light St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1934 to Feb. 1, 1935

I last saw h alive on Feb. 1, 1935 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Femur - Left -	
Chronic Hypertrophied Disease	
Senile Pneumonia	

Other contributory causes of importance:

Senility

None

Nature of operation Date of

What was confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of Injury Jan. 31 1935

Where did injury occur? Balto. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury Fracture Left Femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ralph Woodward M.D. M. D.

(Address) 1803 W. North Ave

H. D. B. 1268-9

09206 F 09206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

827

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1039 St Paul St St., 11-1 Ward)

Length of residence in city or town where death occurred 90 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Patterson

(a) Residence: No. 1039 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

If married, widowed or divorced HUSBAND of (or) WIFE of Emma May Clayett

DATE OF BIRTH (month, day, year) June 23 1844

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Henry Patterson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Louise Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Henry Patterson

(Address) 4 E 32nd St Balto Md

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Feb 2 1935

UNDERTAKER Henry W. Jenkins Son & Co

(Address) N. Eutaw & Orchard Sts.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Feb 1 1935

I last saw him alive on Jan 31 1935. Death is said to have occurred on the date stated above, at 8.9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyrotyphi	
Paraplegia	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. E. Prentiss M. D.

(Address) 634 Gorsuch Ave

M. D. B. 1268-9

F 09207

3207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Ireland

(a) Residence: No. Md Gen. Hosp St., ... Ward.

(Usual place of abode) (If nonresident give city or town and State) 631 S Fremont Ave

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1-12-'35

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16 days.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Md. Gen. Hosp
(State or country)

13. NAME Wharton C, Ireland
Penna

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Doris L, Knudsen

16. BIRTHPLACE (city or town)
(State or country) Texas

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Retired at Hospital Date ..... 19....

UNDERTAKER .....
(Address)

FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-12-35 19.. to 1-28-35 19..

I last saw her alive on 1-28-35 19.. Death is said to have occurred on the date stated above, at 10.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malformation	
Obstruction of Pylorus	1-12-35
Absence of Rectum	
Gastro-Tracheal Fistula	
Emphysema Left Lung	
Other contributory causes of importance:	
Malnutrition	

Name of operation gastrostomy Date of 1-14-

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. P. Stephens M. D.

(Address) Md. Gen. Hosp.

T. D. B. 1265-9

208 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09208

55 E

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 N. Durham St. St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Kemper

(a) Residence: No. 1506 N. Durham St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie L. Kemper

DATE OF BIRTH (month, day, year) Dec. 23-1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Kemper

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Fannie L. Kemper

(Address) 1506 N. Durham St.

BURIAL, CREMATION, OR REMOVAL

Place Loreland Memorial Pk. Date Feb. 4/35 19

UNDERTAKER C. Milby & Son

(Address) 2334 Jefferson St.

FILED 19 Registrar.

B-2-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Jan 31 1935

last saw him alive on Jan 31 1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Arteriosclerosis
Hypostatic Congestion

Date of onset

Other contributory causes of importance:

Tumors Mass in Abdomen.
Operation refused not Diagnosed
Has not consulted Dr. at this County
Intermittent Claudication

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Kemper M. D.

(Address) 1317 N. Broadway

D. P. 1268-9

9209 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 09209

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. John s Hokin s Hosp. St., 7 Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME George F. Kaufman

(a) Residence: No. 523 N. Madiera St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Nov. 19-1934

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-0-0

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Balto. Md.
(State or country)

3. NAME Frederick F. Kaufman

4. BIRTHPLACE (city or town) Balto. Md.
(State or country)

5. MAIDEN NAME Margeret S. Wagner

6. BIRTHPLACE (city or town) Balto. Md.
(State or country)

NFORMANT Frederick F. Kaufman
(Address) 523 N. Madiera St.

URIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Feb 2nd 1935

NDERTAKER Mrs. E. Milly & Son
(Address) 2334 Jefferson St.

LED 2-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Empyema	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Gaer, M. D.
Coroner

(Address) 701 E. Fayette

M. D. F. 1268

F 09210

09210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mayfield and Cardin Sts. Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hartman Massey Kable

(a) Residence: No. Mayfield and Cardin Sts. Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

DATE OF BIRTH (month, day, year) 1898 Not Known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Greenhouse attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country) Jefferson Co W. Va.

13. NAME OF FATHER William H Kable

14. BIRTHPLACE (city or town) (State or country) Jefferson Co W. Va.

15. MAIDEN NAME OF MOTHER Maggie Lee Massey

16. BIRTHPLACE (city or town) (State or country) Falmouth Va

17. INFORMANT Wm H Kable

(Address)

BURIAL, CREMATION, OR REMOVAL

Name Parkwood Date Feb 2-35

UNDERTAKER Jos J Stein & Son

(Address) 2001 Kentucky Ave

Huntington W. Va.

FILED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) January 31 1935

22. I HEREBY CERTIFY, That I attended deceased from January 11 1935 to January 31 1935.

I last saw him alive on January 31 1935 Death is said to have occurred on the date stated above, at 1130A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar Pneumonia	Jan 14, 1935

Other contributory causes of importance:

Pulmonary Oedema and Cardiac Failure	1 Day

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Albert Eisenberg M. D.

(Address) 2025 E. Hoffman St.

Spec.—6-9-19—H. P. Co.—1000 Blks.

09211 HEALTH DEPARTMENT—CITY OF BALTIMORE F 09211

CERTIFICATE OF DEATH.

97

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Fairmount av ST. 76 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katherine Goetz

(a) RESIDENCE (Usual place of abode) No. 3207 Fairmount av ST., WARD.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Francis X —

DATE OF BIRTH (month, day, and year) Dec 25, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment(in which employed (or employer)

(c) Name af employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Lawrence Dawn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Frances —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant John Goetz

(Address) 3207 Fairmount av

Filed Huntington Filmer, Registrar

935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31, 1935

17

I HEREBY CERTIFY, That I attended deceased from Jan 25 35 to Jan 31, 1935,

that I last saw h[illegible] alive on Jan 30, 1935,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Senility

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. H. van Ingelen, M. D.

2-2 35 19 (Address) 2936 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oaklawn

DATE OF BURIAL Feb. 4, 1935

20 UNDERTAKER John F. Moran

ADDRESS 3001 E. Balto St

M. D. P. 1268-9

F 09212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 09212

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 S Bouldin St., 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Applegarth

(a) Residence: No. 122 S Bouldin St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank

DATE OF BIRTH (month, day, year) 1-4-1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Charles Nelson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Gerbrick

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Record

(Address)

BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Feb 2, 1935

UNDERTAKER John A. Magee

(Address) 3000 E. Baltimore

FILED Feb 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1935 to Jan 30, 1935

I last saw her alive on Jan 30, 1935 Death is said to have occurred on the date stated above, at 9:10 p m.

The principal cause of death and related causes of importance were as follows:

Thrombocytopenic purpura massiv hemorrhages — Date of onset 1-17-1935

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry L. Stein M. D.

(Address) The Johns Hopkins Hospital

M. H. P. 1268-9

F 09213

9213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Freeman

(a) Residence: No. 1231 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Phillip

DATE OF BIRTH (month, day, year) 1/8/96.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39.		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Alfred Roan

14. BIRTHPLACE (City or town) (State or country) Va.

15. MAIDEN NAME Anna Newton.

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Records B.C.H.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem'y Date 2/2 '35

UNDERTAKER Thos. E. Kelson

(Address) 1303 Preston an st

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/26 1935 to 1/30 1935

I last saw her alive on 1/30 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Dilatation of heart & Congestive failure

Date of onset 3 mo

The above is my correction R A Reuter

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Reuter A Reuter M. D.

(Address) Balto. City Hosp.

M. D. R. 1268-9

9214

Torbit ✓

F 09214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 White Ave. St., 26 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amos N. Torbit

(a) Residence: No. 4207 White ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah J. Torbit

DATE OF BIRTH (month, day, year) Feb. 28th 1857

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener 2086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt. City Parks

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

13. NAME John Torbit

14. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

15. MAIDEN NAME Elizabeth Corbin

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

INFORMANT Mrs Nettie E. Slade

(Address) 4207 White Ave.

BURIAL, CREMATION, OR REMOVAL Harlem Cemetery Feb 3 1935

UNDERTAKER Frederick Grossmann Sons

(Address) 1401 Belair Road

FILED FEB 2 - 1935 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1934 to Jan. 31 1935

I last saw him alive on Jan 31 1935 Death is said to have occurred on the date stated above at 12.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Autumn 1931
Asthma	

Other contributory causes of importance:

Arteriosclerosis
Senility

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Machen M. D.

(Address) 630 E Belair Rd

M. D. H. 1268-8

F 09215 HEALTH DEPARTMENT—CITY OF BALTIMORE 09215

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1710 E. Baltimore St. St., 19 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Fuchs

(a) Residence: No. 1710 E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Fuchs

DATE OF BIRTH (month, day, year) June 24, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Conrad Arnold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Katherina Noll

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. John Arnold

(Address) 1712 E. Baltimore St.

BURIAL, CREMATION OR REMOVAL

Place Loudon Park Date Feb. 4 1935

UNDERTAKER Joseph B. Cook

(Address) 1003 E. Baltimore St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Friday February 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Feb 1 1935

I last saw her alive on Jan 30 1935 Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation Pneumonia	3 Day

Other contributory causes of importance:

Broken Left Hip Sustained Dec 10 1934
Had malalignment of Left 2 yrs

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) John Horan, M. D.

(Address) 612 W. 40th St.

L. D. F. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

9216 F 09216

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215-Club Road St., 27 Ward)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 57 yrs. 10 mos. 17 ds.

2. FULL NAME John Emory Cross

(a) Residence: No. 215 Club Road St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Emily Laws Cross

6. DATE OF BIRTH (month, day, year) March 14-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0042

10. Date deceased last worked at this occupation (month and year) July-1934

11. Total time (years) spent in this occupation 30 yrs

8. BIRTHPLACE (city or town) (State or country) Westminster Maryland

13. NAME Thos. L. Cross

14. BIRTHPLACE (city or town) (State or country) Westminster Maryland

15. MAIDEN NAME Emma Baughman

16. BIRTHPLACE (city or town) (State or country) Westminster Maryland

INFORMANT (Address) Mrs Emily L. Cross (wife) 215 Club Road

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Feb 2 19 35

UNDERTAKER (Address) Stewart Memorial Co. 108 W. Mulberry

FEB 2 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan - 31 1935

22. I HEREBY CERTIFY, That I attended deceased from July 30 1934 to Jan - 31 1935

I last saw him alive on Jan 21 1935 Death is said to have occurred on the date stated above, at 10-50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	First visit - 7/30/34
Uremic Coma	1/29/35

Other contributory causes of importance:

Systemic Sclerosis
Chronic Nephritis
Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Gibson Porter M. D.

(Address) 822 Roland Ave

M. D. B 1268-9

✓ F 09217

9217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH 1102 Peach alley. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Gross

(a) Residence: No. 1102 Peach alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Gross.

7. DATE OF BIRTH (month, day, year) 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Edw Gross

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT Harry Gross
(Address) 930 Dekalb St.

BURIAL, CREMATION, OR REMOVAL
Place Finnegan's Date 2-2 1935

UNDERTAKER Walter B. Songer
(Address) 3417 Hamilton Av.

FILED 2-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1935 to Jan 30 1935

I last saw him alive on Jan 29 1935 Death is said to have occurred on the date stated above, at 1205 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Pneumococcus Type I

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. G. Thompson M. D.

(Address) 901 Cathedral St.

F 09218

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

218

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Ward St. 21 Ward)

Length of residence in city or town where death occurred 70 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Dixon

(a) Residence: No. 1409 Ward St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alice Dixon

6. DATE OF BIRTH (month, day, year): 1867

AGE: Years: 66 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Don't Know

14. BIRTHPLACE (city or town) (State or country): " "

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town) (State or country): " "

INFORMANT: Elsie Earley

(Address) 1412 Ward St

BURIAL, CREMATION, OR REMOVAL

Place: Johnson County Date: 2/2 1935

UNDERTAKER: Walter B. Songer

(Address) 1394 W. Baltimore St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-29-1935

22. I HEREBY CERTIFY, That I attended deceased from June 5 1934 to January 29 1935

I last saw h[illegible] alive on January 28 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Diabetis Mellitus — 1 year

Other contributory causes of importance:

Mal Nutrition — 3 mos

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Hartwood Draper M. D.

(Address) 1527 North St

D. B. 1268-0

F 09219

F 09219 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5517 Edna Ave. St., 21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME INDIA F. STUART

(a) Residence: No. 5517 Edna Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John F. Stuart

6. DATE OF BIRTH (month, day, year) Feb. 7. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wm. E. Seward

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anna L. ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. John F. Stuart (Husband)

(Address) 5517 Edna Ave.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery Date Feb. 2. 1935, 19

19. Perry Sander & Sons, Inc.
UNDERTAKER Per J. Sander

(Address) Baltimore & Broadway

20. FILED 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31. 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1933 to Jan 31, 1935

I last saw h. alive on Jan 30, 1935 Death is said to have occurred on the date stated above, at 6.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	

Other contributory causes of importance:

Myocarditis and Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas. Swenk, M. D.

(Address) 42 06 Harford Road

9/15/35

D. B. 1268-9

Majchrzak

F 09220

9220 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

157-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S Ann St. V Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Majchrzak

(a) Residence: No. 315 S Ann St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31. 35

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2 1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Majchrzak

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Anna Slowikowska

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Joseph Majchrzak
(Address) 315 S Ann St

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Feb 2nd 1935

UNDERTAKER George A Weber
(Address) 700 S Eutaw Street

FILED Feb 2 1935 Registrar.

No. 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1935 to Feb 2 1935

I last saw h[illegible] alive on Jan 31 1935 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Trouble — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. Gilbert J. Brown M.D.

(Address) 801 W Fayette St

D. H. 1268-9

F 09221

9221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 ✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 1 1/2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Pajtis

(a) Residence: No. 2205 Eastern ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Pajtis

6. DATE OF BIRTH (month, day, year) June 29, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	7	3 2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish market

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph Pajtis

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Agnes Slabzonka

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Agnes Pajtis
(Address) 2200 Eastern avenue

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS CEM. Date February 4 1935

19. UNDERTAKER George A Weber
(Address) 705 S Ann Street

FILED ... 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1934 to February 1, 1935

I last saw him alive on February 1, 1935 Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Miliary Tuberculosis	Oct. 1934
2. Pulmonary Tuberculosis	ustimate

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ...

(Signed) Maya W Jacobson M. D.
(Address) Baltimore City Hospitals

D. B 1268-9

F 09222

09222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 McCulloh St. (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Estelle M. Haines

(a) Residence: No. 807 McCulloh St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 24 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) employed at this occupation .....

9. BIRTHPLACE (city or town) (State or country) Baltimore Md

10. NAME Marion Cole

11. BIRTHPLACE (city or town) (State or country) Mexico

12. MAIDEN NAME Rosa Alma

13. BIRTHPLACE (city or town) (State or country) Mexico

INFORMANT Rosa Alma Cole
(Address) 807 McCulloh

BURIAL, CREMATION, OR REMOVAL

Place Md College Date Feb 2nd 1935

UNDERTAKER .....
(Address) .....

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner. M. D.

(Address) .....

- 1935

D. B. 1268-9

F 09223

09223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 130

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1357 Fremont St., 14 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Glenn Quinn E Washington

(a) Residence: No. 1357 Fremont ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 3 1910

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	3	21	15

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME Edw Washington

11. BIRTHPLACE (city or town) (State or country) Va

12. MAIDEN NAME Sallie Morton

13. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Sallie Cheek
(Address) 1357 Fremont Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2-4 1935

UNDERTAKER Franklin & Sons
(Address) 709 West Baltimore St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-31 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1935 to January 31 1935
I last saw him alive on Jan 31 1935. Death is said to have occurred on the date stated above, at 5.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	Jan 23. 35

Other contributory causes of importance:
Epilepsy - Constipation - Improper Care as to Sleep -

Name of operation None Date of

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Miscreant - Jake Man

(Signed) Wm. H. Wright M. D.

(Address) 1209 Madison Ave

M. D. P. 1268-9

F 09224

09224 9445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ora B Bennett

(a) Residence: No. 452 Goathy St., ... Ward. Cumberland Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lillian

DATE OF BIRTH (month, day, year): 9-25-87

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Car Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 00 13

BIRTHPLACE (city or town) (State or country): W. Va.

13. NAME: Jethro Bennett

14. BIRTHPLACE (city or town) (State or country): W Va

15. MAIDEN NAME: Ellen Moore

16. BIRTHPLACE (city or town) (State or country): W. Va

INFORMANT: Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Cumberland Md Date: Feb 5 1935

UNDERTAKER: John O. Mitchell Sons

(Address): 1900 Eutaw Place

FILED: 1935 ..... 19.... Registrar.

OWH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1935 to Feb 1 1935

I last saw him alive on Feb 1 1935 Death is said to have occurred on the date stated above, at 8 37 p m.

The principal cause of death and related causes of importance were as follows:

Bronchitis right Lung

Date of onset

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harris B Stumpf Jr. M. D.

(Address) Johns Hopkins Hospital

Spec—9-30—A. & Co.—250 Blks.

F 09225

9225 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. ✓ 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 South Calley ST. 23 WARD)

2. FULL NAME Susie Washington

(a) RESIDENCE NO. 719 South Calley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	6 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Single

7 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

8 DATE OF BIRTH (month, day, and year) Jan 17 1913

9 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	6	17	

10 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home 0070

(c) Name of employer unemployed

11 BIRTHPLACE (city or town) (State or country) Calvert Co. Md

12 NAME OF FATHER Jackson Washington

13 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

14 MAIDEN NAME OF MOTHER Susie Kent

15 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

Informant Rachel Dixon

(Address) 1426 Preston

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 31 / 35

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1934, to Jan 31, 1935

That I last saw h-- alive on Jan 30, 1935

and that death occurred, on the date stated above, at 5.50 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Sputum exam

(Signed) D. T. Carroll M. D.

1/31, 1935 (Address) 111 W. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Isaac L Brown Co

DATE OF BURIAL 2/3/35

20 UNDERTAKER Burton Calvert Co Md

ADDRESS 108 W Montgomery St

M. D. H. 12 F 09226

F 09226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 91-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Maryland St., Ward) Died Jan 26th 1935

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Berenice Mann Longini

(a) Residence: No. 3550 Reading Rd, Cincinnati, Ohio Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

13. NAME Charles Longini

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

15. MAIDEN NAME Ella Mann

16. BIRTHPLACE (city or town) (State or country) Henderson Ky.

17. INFORMANT Charles Longini Jr.
(Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Place Cincinnati, Ohio Date Feby. 2 1935

19. UNDERTAKER Baird Londheim & Son
(Address) 1901 Eutaw Place

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2 1935

22. I HEREBY CERTIFY, That I attended deceased from January 26 1935 to Feb 2 1935

I last saw h.e.r alive on February 2. 1935 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Hæmorrhage from lungs)	Jan 23
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [redacted] M. D.

(Address)

F 09227

F 09227

9484 2 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 89-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Barrett

(a) Residence: No. Glen White W. Va St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11/3/18

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16	2	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) W. Va

13. NAME Frank Barrett

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Henriette Swann

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Eckley-WVa Date Feb 2/35 19

UNDERTAKER John O Mitchell Sons

(Address) 1900 Eutaw Place.

Filed ... 1935. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 . 1935 to Feb 2 . 1935

I last saw him alive on Feb 2 . 1935 Death is said to have occurred on the date stated above, at 9:26 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, following acute Mastoiditis	June 1934
Other contributory causes of importance: otitis media Chronic	1920

Name of operation Incision drainage mastoid air sinuses Date of June 1934

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Eckert M.D.

(Address) Johns Hopkins Hospital

D. B. [illegible] F 09228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09228 ~ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Kline

(a) Residence: No. 1528 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Simpson

6. DATE OF BIRTH (month, day, year) 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Russia

12. NAME Soloman Rabinowitz

13. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Helen Rosedale Date 2/3/35 19

19. UNDERTAKER Jas. Levy Son
(Address) 1439 E. Balto St

20. FILED [illegible] 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1935 to Feb. 2 1935
I last saw her alive on Feb 2 1935 Death is said to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia, type undetermined — Date of onset

Other contributory causes of importance:
Partial intestinal obstruction

Name of operation none Date of —

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) A. Krumwiede M. D.

(Address) Sinai Hospital

D. B. [illegible] F 09229

F 09229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Bond St., 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Schindler

(a) Residence: No. 210 S. Bond St., ... Ward. +

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) Jan 17th 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

9. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

10. BIRTHPLACE (city or town) (State or country) Balto Md.

12. NAME Frank Schindler

13. BIRTHPLACE (city or town) (State or country) Balto Md.

14. MAIDEN NAME Margaret Miller

15. BIRTHPLACE (city or town) (State or country) Balto Md.

16. INFORMANT Frank Schindler

(Address) 210 S Bond St

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 4th 1935

18. UNDERTAKER Wm Bolk

(Address) 1217 St Paul St

19. FILED ..... 19 ..... Registrar

53-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, 1:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Malformation	

Other contributory causes of importance:

Premature Birth

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B S Herzog MD Coroner, M. D.

(Address) 1305 N Patterson Park Ave

F 09230

F 09230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 St Paul St., 12 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Clarence M Shipley

(a) Residence: No. 2629 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Summers Shipley

DATE OF BIRTH (month, day, and year) July 24 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.M. Agency Store

9. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 12.

10. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Elmer A Shipley

14. BIRTHPLACE (city or town) (State or country) Towson Md

15. MAIDEN NAME Baltimore

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward J Shipley

(Address) 2629 St Paul

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/1 1935

19. UNDERTAKER J H Cook

(Address) 1727 E Fayette

20. FILED ... 19 ... Registrar

1935 - 2/1 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Jan 2 1935

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the oesophagus at the cardiac orifice of Stomach	9 mos

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify...

(Signed) Robert H Hawes M. D.

(Address) 2020 N Charles

D. B 1268 F 09231

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09231

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1714 Dukeland St., 15-6 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Thos D Lillis

(a) Residence: No. 1714 Dukeland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

ATE OF BIRTH (month, day, year) Dec 1 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6608

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) Baltimore
(State or country) Md

NAME Thos Lillis

BIRTHPLACE (city or town) Ireland
(State or country)

MAIDEN NAME Margaret Gobin

BIRTHPLACE (city or town) Ireland
(State or country)

FORMANT Mary E Gorman
(Address) 1714 Dukeland

IAL, CREMATION, OR REMOVAL

Date 2/3 '35

TAKER
(Address) 1249 S Paca St

LED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd A. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
2 years	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Kirk M. D.
Coroner

(Address) .....

-1935

F 09232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09232

CERTIFICATE OF DEATH

93-L

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Carlisle Ave St., 15 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip William Hellbach

(a) Residence: No. 3301 Carlisle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Hellbach

DATE OF BIRTH (month, day, year): Nov. 5. 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumbing. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2059

10. Date deceased last worked at this occupation (month and year): Nov 5. 1934

11. Total time (years) spent in this occupation: 38

BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Henry Hellbach

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Anna Hembach

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mary Hellbach

(Address) 3301 Carlisle Ave.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 5 1935

UNDERTAKER: Jno. Inc. Jno. F. Gaylet & Son

(Address) 201 W. Lafayette St.

FEB 3 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5/34 to Feb 2/35 1935

I last saw him alive on Feb 2/35 1935 Death is said to have occurred on the date stated above, at 6.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	Nov 5/34
Other contributory causes of importance:	
arterio-sclerosis	1930

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dublett M. D.

(Address) 220 Garrison Blvd.

D. F. 12

F 09233

F 09233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1129 Ellicott Driveway St., 11th Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Lewis

(a) Residence: No. 1129 Ellicott Driveway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Lewis

DATE OF BIRTH (month, day, year): Mar. 22. 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	9.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Dry Docks.

10. Date deceased last worked at this occupation (month and year): 1925

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME OF FATHER: George W. Lewis

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME OF MOTHER: Mary Still

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Emma Lewis

(Address): 1129 Ellicott Driveway

BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Feb. 4 1935

UNDERTAKER: Mrs. Mrs. John W. Teufel & Son

(Address): 801 W. Fayette St.

FILED: 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from December 20 1934 to February 1st 1935

I last saw him alive on February 1st 1935 Death is said to have occurred on the date stated above, at 5.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	12/1/34
Other contributory causes of importance: Arteriosclerosis	12/20/34

Name of operation: None Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, where?

(Signed) Wm. Sullivan M. D.

(Address) 1701 W. Fulton Ave

Cor.—10-29-34 F 09234

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09234

CERTIFICATE OF DEATH

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) X

1-PLACE OF DEATH

City of Baltimore: (No. 645 N. Lombard St., 7-1 Ward)

2-FULL NAME Clarence Mc Caffrey

(a) RESIDENCE NO. 1016 S Paca St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 6 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Single.

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 13 1894

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
1-0	6	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant.
(b) General nature of industry, business, or establishment in which employed (or employer) 031
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Paul J. McCaffrey

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Dora Bassett

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

Informant Mrs Paul J. McCaffrey
(Address) 1016 S Paca St

Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/26/35

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edgar Fillers M. D.

1/27 19 35 (Address) 2707 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL 1-30-35

20 UNDERTAKER Bernard C. Yarbrough — ADDRESS 1000 S Paca St.

3-1035 1000 Paca St. to 701 W. Lombard St.

F 09235 F 09235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6023 Berkley Ave St., 1 Ward)

Length of residence in city or town where death occurred 48 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie M. Stahl.

(a) Residence: No. 6023 Berkley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: August Stahl

DATE OF BIRTH (month, day, year): July 15 1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME Henry Keller

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME Mary Hranek

16. BIRTHPLACE (city or town) (State or country): Balto Md.

INFORMANT: August Stahl

(Address) 6023 Berkley Ave

BURIAL, CREMATION, OR REMOVAL: Laurel Ridge. Date Feb. 4th 1935

UNDERTAKER: Mrs Chas A Goldz

(Address) 2327 Edmondson Ave

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22 1934 to Feb 1 1935.

I last saw her alive on Feb 1 1935. Death is said to have occurred on the date stated above, at 8 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism Post Operative	1935 Feb 1

Other contributory causes of importance: Abortion or Fibroid tumor of the uterus and Metrorrhagia

Name of operation: Hysterectomy Date of 1-3-35

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S Ashurst M. D.

(Address) 1012 Park Heights Ave

F 09236

M. D. B. 208-9

F 09236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Mary Stephen Holly

(a) Residence: No. 2226 Maryland Ave. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43 yrs. ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 0065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

13. NAME William Holly

14. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

15. MAIDEN NAME Mary Burns

16. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

INFORMANT Jenkins Memorial Hosp.

(Address) 1000 Caton Avenue

BURIAL, CREMATION, OR REMOVAL Cemetery

Place St. Elizabeth's Date Feb 4 1935

UNDERTAKER Henry Lenhardt Sons Co.

(Address) McCulloh & Orchard Sts.

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, at. ....., 1934 to February 2nd 1935

I last saw h.. alive on February 2, ..., 1935. Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compression fracture 12th dorsal vertebra.	Jan 28-32
Complete paralysis below waist	"
Terminal pulmonary tuberculosis	
Pyelitis Foley catheter used Nov 1934	
Feb 2-35 Jan 28-35	

Other contributory causes of importance:

Name of operation Laminectomy Date of 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 28 1932

Where did injury occur? North Carolina (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public highway

Manner of injury Auto accident

Nature of injury Fractured spine

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robert F. Healy, M. D.

(Address) St. Agnes' Hospital

F 09237

F 09237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Saratoga Street St., 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dominic Tumminello

(a) Residence: No. 609 W Saratoga Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Carmela Battaglia

DATE OF BIRTH (month, day, year) Jan. 24, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	7	######

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Tumminello

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Jennie Provengia

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT (Address) Carmela Tumminello 609 W. Saratoga Street

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Feb. 4, 1935

UNDERTAKER (Address) George Puth Sr

FILED Feb 5 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1931, to Jan. 31, 1935

I last saw him alive on Jan. 31, 1935. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	1/1/35
Arteriosclerosis	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. A. Tumminello, M. D.

(Address) Medical Arts Bldg

D. P. 1268-9

F 09238

F 09288

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3728 Old York Rd St., 9 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth 74 yrs. mos. ds.

2. FULL NAME Christine Esther Miller

(a) Residence: No. 3728 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed or divorced HUSBAND of (or) WIFE of John Miller

6. DATE OF BIRTH (month, day, year) Oct 14 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	3	17/18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Hattem Holland

12. NAME John Westerike

13. BIRTHPLACE (city or town) (State or country) Holland

14. MAIDEN NAME Christine Hoogers

15. BIRTHPLACE (city or town) (State or country) Holland

16. INFORMANT Esther Graff

(Address) 3728 Old York Road

17. BURIAL, CREMATION, OR REMOVAL. Date Feb 4 1930

Edgewood cemetery

18. UNDERTAKER Chas. G. Black

(Address) 142 W. North ave

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1930

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933, to Feb 1. 1930

I last saw h.. alive on Jan 30 1930 Death is said to have occurred on the date stated above, at 6.A m.

The principal cause of death and related causes of importance were as follows: Date of onset

Fibroid Tumor of Uterus

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Prentiss M. D.

(Address) 634 Fonthill ave

F 09239

F 09239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3326 Burleith ave St., 15 Ward)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta A. Bowen

(a) Residence: No. 3326 Burleith ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas C. Bowen

6. DATE OF BIRTH (month, day, year) April 7 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	5 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

13. NAME OF FATHER Thomas Gardner

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Edward Shane

(Address) 3325 Burleith ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Feb-7 1935

19. UNDERTAKER Chas. S. Black

(Address) 742 W. North ave

20. FILED 1935 — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th 1934 to Feb 2 1935

I last saw her alive on Feb 2nd 1935 death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset ?
Generalized Arteriosclerosis with Hypertension
Cerebral Hemorrhage Dec 15th 34
(Hemiplegia left)
Coma —

Other contributory causes of importance:
Coma (Uraemic) Jan 30th 35

Name of operation — Date of —

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——— 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter C. Mendel M. D.

(Address) Med Arts Bldg Balto

F 09240

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09240

CERTIFICATE OF DEATH

72-a

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hosp. St., 13-7 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Abraham Samuels

(a) Residence: No. 2018 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Mfgr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Jos. Samuels

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. Samuels

(Address) 3629 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Beth. Friendship Date Feb. 4, 1935

19. UNDERTAKER David Lowenstein & Son

(Address) 1902 Eutaw Pl.

20. FILED Feb 4 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1935 to February 2, 1935

I last saw him alive on February 2, 1935. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Acute ~~Lymphatic~~ Myelocytic Leukaemia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

D. F. 136 F 09241 ✓ F 09241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emersonian Apts. 4 D St., 13 Ward)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Thanhouser

(a) Residence: No. Emersonian Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Max S. Thanhouser

6. DATE OF BIRTH (month, day, year) Apr. 24, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Philip Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bettie Fuld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. S. Thanhouser
(Address) Emersonian Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Heb. Cem. Date Feb. 4, 1935

19. UNDERTAKER Lloyd Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED , 19 Registrar.

2-3-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1934 to Feby 2d, 1935.

I last saw h alive on Feby 2d, 1935 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral (arterial) Thrombosis (L. hemiplegia)	Oct 8 1934
Other contributory causes of importance: Arteriosclerosis Symptoms	1928
Hypertension	1922

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James F. Hamburger, M. D.

(Address) 1207 Eutaw Place

F 09242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09242

178-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5110 Westley Ave. 28 Ward)

Length of residence in city or town where death occurred 3 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Minnie V. Medwedeff

(a) Residence: No. 5110 Westley St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 10 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	0	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 1065

Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Normal School

Date deceased last worked at this occupation (month and year) Sept 1934

11. Total time employed at this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER Arthur Medwedeff

BIRTHPLACE (father) (City or town) (State or country) Germany

MAIDEN NAME OF MOTHER Emma

BIRTHPLACE (mother) (City or town) (State or country) Baltimore Md

INFORMANT Jack V. Medwedeff

(Address) 5110 Westley Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Feb 4 1935

UNDERTAKER Chas. Sonnheim & Son

(Address) 1902 Eutaw Place

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Acute Lobar Pneumonia	
b Influenza	
c Carbon Monoxide Gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 31 1935

Where did injury occur? 5110 Westley Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home 5110 Westley Ave

Manner of injury Asphyxiated by Gas

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Feldis Coroner M. D.

(Address) Coroner

F 09243

F 09243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hosp St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaiah Daniel Frick

(a) Residence: No. 922 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Chester

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) York Pa.

12. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Louse

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Nellie K. Kasten

(Address) 3914 Old Spring Lane

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feby 4 19 35

UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1935 to Jan 31 1935 Death is said I last saw h[illegible] alive on Jan 31 1935 to have occurred on the date stated above, at 7.20 pm.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Carcinoma of Prostate	5 weeks	
Other contributory causes of importance:		
Cardiac Failure	1 week	
Uremia		

Name of operation Prostatectomy Date of Jan 17 1935

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John K. Rozum M. D.

(Address) West Baltimore General Hosp

D. B. 1265 F 09244 ✓ F 09244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Alpha Burnette

(a) Residence: No. 2718 Mosher St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of George B. Burnette

DATE OF BIRTH (month, day, year): Feby 1. 1902

AGE: Years 33 Months Days 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country): Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Daisy E. Brewer

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Rev. N. Freemyer

(Address) 1110 St Paul St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Feby 4 1935

UNDERTAKER: John O. Whitfield & Sons

(Address) 1900 Eutaw Place

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-29 1935 to 2-1 1935

I last saw her alive on 2-1 1935 Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, left lower lobe — Date of onset 1-26-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. R. Adams M. D.

(Address) University Hosp.

F 09245

F 09245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur W Thompson

(a) Residence: No. Bradford St., Ward. Penna

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-12-83

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

12. NAME Wm P Thompson

13. BIRTHPLACE (city or town) (State or country) England

14. MAIDEN NAME Harriet Wiles

15. BIRTHPLACE (city or town) (State or country) Pa

16. INFORMANT Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Bradford Cy Date Feby 5 1935

18. UNDERTAKER John A Mitchell & Son

(Address) 1918 Eutaw Place

19. FILED Feb 10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Feb 3 1935

I last saw him alive on Feb 3 1935 Death is said to have occurred on the date stated above, at 4.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of the liver	7-'34
Portal thrombosis ?	8-'34

Other contributory causes of importance:

Exploratory Laparotomy and

Name of operation anastomosis Date of 2-2-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

1935

F 09246

F 09246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 49-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie M. List

(a) Residence: No. Linthicum Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert G. List.

DATE OF BIRTH (month, day, year) May-22-1885.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49.	8.	9/10.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife - At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

13. NAME William F. Schwab.

14. BIRTHPLACE (city or town) (State or country) Catonsville, - Md.

15. MAIDEN NAME Rosena W. Glenzer.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

INFORMANT (Address) William F. Schwab. Linthicum Heights - Md.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park. Date Feb. 4th. 1935

UNDERTAKER (Address) Charles J. Schwab. 505 N. Monroe St.

FILED ... 19... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-7-35. 19 ... to 2-1-35. 19

I last saw h. or alive on 2-1-35. 19 Death is said to have occurred on the date stated above, at 7:20 P. m.

The principal cause of death and related causes of importance were as follows:

Generalized Abdominal Carcinomatosis with metastasis to brain

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation Laparotomy Date of 1-9-35

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hugh B. McNally M. D.

(Address) University Hospital

F 09247

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09247

CERTIFICATE OF DEATH.

59 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1602 McKean Ave, WARD 15)

2 FULL NAME Mrs. Jemima Arnold Peacock,

(a) RESIDENCE NO. 1602 McKean Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos ds. How long in U. S., if of foreign birth? all of life ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of James Peacock.

DATE OF BIRTH (month, day, and year) Feb. 1-1863.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	11	30	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife - (b) ?

(b) General nature of Industry, business, or establishment in which employed (or employer) - At home.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bridgeport - Pa.

10 NAME OF FATHER John Arnold.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant (Address) James Peacock. 1602 McKean Ave.

Filed ... 1935 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-31-1935

17

I HEREBY CERTIFY. That I attended deceased ~~for~~ about 3 yrs. 19 ... 19 ...

that I last saw her alive on Jan. 26th 1935

and that death occurred, on the date stated above, at 10:00 P.m.

The CAUSE OF DEATH* was as follows: Most probably Angina Pectoris. Was going about house at 9:30. Talking to sister before death (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus. several (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of X

Was there an autopsy? No and No violence.

What test confirmed diagnosis? Glycosuria

(Signed) C. H. Hoffman, M. D.

2/1 1935 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery. DATE OF BURIAL. Feb. 4. 1935.

20 UNDERTAKER Charles J. Schwab. ADDRESS 505 N. Monroe St.

F 09248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. F 09248

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 N Broadway St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Doerflein

(a) Residence: No. 1510 N Broadway St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or ~~Divorced~~ (~~write the word~~)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Oct 14 1895 Oct 14 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year) 5 yrs ago

11. Total time (years) spent in this occupation about 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Conrad Doerflein

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Miss Sophia Doerflein

(Address) 1510 N Broadway

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 4th, 1935

UNDERTAKER Geo. Schilling & Sons

(Address) Liquido Measurement at

FILED 1935 First Floor Front

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20 1934 to February 1 1935

I last saw h[illegible] alive on February 1 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Chronic)	3 Yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John D Feld M. D.

(Address) 9366 Monument St

D. B 1268-3 F 09249

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09249

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope St., 24 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James F. Norman

(a) Residence: No. 1502 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm and Dairy

Date deceased last worked at this occupation (month and year) Present

11. Total time (years) spent in this occupation 0040

BIRTHPLACE (city or town) (State or country) Tennessee

NAME Ireland

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Ellen Murphy

BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT Mt Hope Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/4/35 19

UNDERTAKER J. J. Fahey & Sons

(Address) 1318 Eutaw St.

FILED 19 Registrar

3-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on February Death is said to have occurred on the date stated above, at 6:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute 2nd degree burns	

Other contributory causes of importance:

Was smoking

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury Feb 2, 1935

Where did injury occur? Mt Hope (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Set fire on bed

Manner of injury burned

Nature of injury burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Krantz M. D.
Coroner

(Address) Coroner

D. F 09250 ✓ F 09250 X

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Patapsco St., 23 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Schickner

(a) Residence: No. 1011 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Schickner

6. DATE OF BIRTH (month, day, year): Apr. 2. 1869

7. AGE: Years 65 | Months 9 10 | Days 29 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME OF FATHER: James Wheeler

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Henry Schickner

(Address): 1011 Patapsco St.

18. BURIAL, CREMATION OR REMOVAL

Place: Mt. Olivet. Date: Feb. 4 35 19

19. UNDERTAKER: Margaret E. Flynn

(Address): 1427 Light St

19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1st 1935

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from March 2nd 1932 to Feb 1st 1935

I last saw ~~deceased~~ alive on Feb 1st 1935 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of Onset: 3/2/32

Arterio-Sclerosis, aortic regurgitation & heart, & Chronic interstitial nephritis

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Deibel M.D.

2/2/35 (Address) 1224-26 Hanover St

D. P. H. No. F 09251

F 09251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Maryland ave St., 17 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AMELIA SCHAAL

(a) Residence: No. 2113 maryland ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Schaal

6. DATE OF BIRTH (month, day, year) June 7, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Rock Pa.

13. NAME Benj. Geise

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Rachel Schafer

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Roland Schaal

(Address) 2113 Maryland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb. 4 -35

19. UNDERTAKER C. B. Tebbett & Son

(Address) 1300 EUTAW PLACE

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1934 to Feb 11th 1935

I last saw her alive on Feb 11th 1935 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	Unknown.

Other contributory causes of importance:

Name of operation Not any Date of

What test confirmed diagnosis? Personal observation Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

F 09252

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09252

186-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2037 E. Fayette St., 6 Ward)

rth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary E. Williams

(a) Residence: No. 2037 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob

TE OF BIRTH (month, day, year) Oct 23/1844

E Years	Months	Days	If LESS than 1 day, hrs. or min.
90	3	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Jacob Kolb

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Louise Stump

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Charles Williams
(Address) 2034 E. Fayette St

URIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Feby 4, 1935

NDERTAKER John Ulrich & Sons
(Address)

LED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 1/34
Other contributory causes of importance: Fracture rt hip	Dec 6/34

Name of operation ..... Date of .....

What test confirmed diagnosis: Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 6/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place slipped in bedroom to floor

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Oscar Coleman, M. D.
Coroner

(Address) 508 E. Fayette St.

D. P. Form 1 F 09253 ✓ F 09253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3-N 106-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St.. 3 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Mundy.

(a) Residence: No. 921 Granley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/9/1858.

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
76	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 62

BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME Michael Mundy.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Ann Burke

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Records Bch.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cath. East Date 2/3 19 35

UNDERTAKER J. J. Fahey Son
(Address) 18 Eight St.

FILED 1935 Health Department

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/29 19 30

22. I HEREBY CERTIFY, That I attended deceased from 4/25 19 35 to 1/29 19 30

I last saw him alive on 1/29 19 30 Death is said to have occurred on the date stated above, at 7 30/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency c	
Congestive failure.	10 mo. ?
Arteriosclerosis	
Chronic bronchitis — emphysema.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reyburn, M. D.

(Address) Balto City Hosp

F 09254

F 09254

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 4610 York Rd., St., 27 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James D. Henry

(a) Residence No. 4610 York Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Anna M. Henry

ATE OF BIRTH (month, day, year) Feb 14 1873

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission merchant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant 0043

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

BIRTHPLACE (city or town) (State or country) Ind.

13. NAME James M. Henry

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME Mary Gill

16. BIRTHPLACE (city or town) (State or country) Ind.

NFORMANT Anna M. Henry

(Address) 4610 York Rd.

BURIAL, CREMATION, OR REMOVAL Shaw 2/4 1935

Place St. Mary's Cemetery Date

Bradshaw Bay

UNDERTAKER John J. Noonan 3008 Beech

(Address)

FILED 2-4-1935 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1 1935

22. I, HEREBY CERTIFY, That I attended deceased from April 1932 to 2-1- 1935

I last saw him alive on Jan 31 1935 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 1½ yrs

Other contributory causes of importance: Arteriosclerosis, Chronic arthritis

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. Lear M. D.

(Address) 708 Med. Arts Bldg

F 09255

F 09255

HEALTH DEPARTMENT—CITY OF BALTIMORE

1450-108

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital Ward)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret Longest

(a) Residence: No. 718 W 29th St., Ward.
(Usual place of abode) (If non resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John A Longest

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	28			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home duties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

3. NAME Ella Worden

4. BIRTHPLACE (city or town) (State or country) Md.

5. MAIDEN NAME Mattie Orl

6. BIRTHPLACE (city or town) (State or country) Md

INFORMANT John A Longest

(Address) 718 W 29th St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 5, 1935

UNDERTAKER Edmondson Sons

(Address) 3615 Eastern Ave

FILED Feb 5 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Feb 3, 1935

I last saw h[illegible] alive on Feb 3, 1935, death is said to have occurred on the date stated above, at 2 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lft lobar	12-31-34
Parturition,	12-31-34
Puerperal sepsis	1-1-35?

Other contributory causes of importance:

Hypostatic or Terminal Pneumonia	2-1-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John C Clay Mehrt M. D.

(Address) Franklin Sq Hospital

F 09256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 Keswick Rd. Ward) 13

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Brown

(a) Residence: No. 3212 Keswick Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Clementine Brown

6. DATE OF BIRTH (month, day, year) Dec 25 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Rose C Vincent

(Address) 201 W. Franklin St.

BURIAL, CREMATION, OR REMOVAL

Mary Langdon Date Feb 5 1935

UNDERTAKER Edmondson Ethridge

(Address) 3615-17 Edmondson Ave.

FILED 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 33 1933. to Feb 2 1935

I last saw he alive on Feb 1 1935 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	1 year

Other contributory causes of importance

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edd Dilly Jones M. D.

(Address) 850 N 36 St

D. P. 1265-9 F 09257 ✓ F 09257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 13 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ray Clinedinst

(a) Residence: No. 3419 Roland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/16/1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Francis Clinedinst

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Carrie Sines

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
National Date 2 6 1935

19. UNDERTAKER Chenoweth Sol.
(Address) 3615-17 Chestnut Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/7. 1935 to 2/1 1935

I last saw him alive on 2/1 1935 Death is said to have occurred on the date stated above, at 10 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency d/t Congestive failure.	5 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp

F 09258

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09258

CERTIFICATE OF DEATH

X 126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emergency Hosp St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Nannie Zlobin Hensler

(a) Residence: No. Belmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ludwig M Hensler

DATE OF BIRTH (month, day, year) May 25, 1890

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	9	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Rocky Ridge Md.

13. NAME John Z Zlobin

14. BIRTHPLACE (city or town) (State or country) Thurmont Md

15. MAIDEN NAME Elmira V. Kuse

16. BIRTHPLACE (city or town) (State or country) Gettysburg Penna

INFORMANT Brother

(Address) 5313 Pershing Terrace P.O.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb 6 1935

UNDERTAKER H. Barnhard & Son

(Address) Woodlawn Md

FILED 19 ... Registrar

2-6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1935 to Feb 3, 1935

I last saw her alive on Feb 3, 1935. Death is said to have occurred on the date stated above, at 8:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Failure & Uremia due to Acute Nephritis	1-27
Other contributory causes of importance: Pulmonary Atelectasis	1-24
Diffuse Bronchial Pneumonia	1-26

Name of operation Cholecystectomy & Appendectomy Date of 1-24-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Henry Stockbridge Jr. M. D.

(Address) Belmont Ave

F 09259

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09259

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 512 Richwood ave St., 9th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Smyrna Gertrude Patrick

(a) Residence: No. 512 Richwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
If married, widowed or divorced (Husband or Wife): John Carroll Patrick
DATE OF BIRTH (month, day, year): Jan 3 1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Penn.
13. NAME OF FATHER: A. Bruce Thomas
14. BIRTHPLACE (city or town) (State or country): Ind.
15. MAIDEN NAME OF MOTHER: Della Kinnamon
16. BIRTHPLACE (city or town) (State or country): Ind.
INFORMANT: A. Bruce Thomas
(Address): 512 Richwood ave
BURIAL, CREMATION, OR REMOVAL: Place: Moreland Park Date: Feb. 4, 35
UNDERTAKER: John F. Morgan
(Address): 3000 E. Baltimore St.
FILED ..... 19..... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11 1932 to Feb. 1 1935
I last saw h.. alive on Jan. 31 1935 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Jan 31
Chronic Endocarditis	1932
Chronic Myocarditis	1932

Other contributory causes of Importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hal F. Benson, M. D.
(Address) 5111 York Rd.

D. B 1268-9

F 09260

F 09260

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. Fayette & Pulaski St., 75 Ward)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mr. Robert Lidaley Dabney

(a) Residence: No. 206 N. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dabney

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector for 6086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Company
10. Date deceased last worked at this occupation (month and year) 11. Total time (yrs.) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME R. A. E. Dabney

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Virginia Alb. Jeffers

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James Alb. Langhorne
(Address) 1642 W. Grace St Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Feb 4 1933

19. UNDERTAKER Jos Loerdans & Son
(Address) 217 S. Pine.

20. FILED 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 2 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 1 - 8 - 1933 to 2 - 2 - 1933.

I last saw him alive on 2 - 2 - 1933. Death is said to have occurred on the date stated above, at 4 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel S. Hanafan M. D.

(Address) Bon Secours Hospital

D. F. 1268-0

F 09261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09261 ✓ X 122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Avenue Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Fogwell

(a) Residence No. Kennedyville, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm H Fogwell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Amanda Shaffer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Mary Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Kennedyville Date Feb 7, 1935

UNDERTAKER B R Fellows
(Address) Still Pond, Md.

FILED Feb 7 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-23, 1935 to 2-3, 1935.

I last saw h. alive on 2-3, 1935. Death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Hypostatic	

Other contributory causes of importance:

Bronchial Pneumonia	
Cardiac Failure	

Name of operation Herniaplasty Date of 1-28-35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas. E. Insley, M. D.

(Address) Still Pond, Md.

F. D. P. 126 F 09262 ✓ F 09262

HEALTH DEPARTMENT—CITY OF BALTIMORE

94061 Oral

CERTIFICATE OF DEATH X 137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Frank E. Guild

(a) Residence: No. Windham Conn. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Clark

DATE OF BIRTH (month, day, year) Aug. 14, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Connecticut

13. NAME John Guild

14. BIRTHPLACE (city or town) (State or country) Conn.

15. MAIDEN NAME Julia Gregg

16. BIRTHPLACE (city or town) (State or country) Conn

INFORMANT Record Harriet C. Guild

(Address) Windham Conn.

BURIAL, CREMATION, OR REMOVAL

Place Windham Conn Date Feby 5 1935

UNDERTAKER John O. Hutchett & Sons

(Address) 1900 Eutaw Place

FILED 2-1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27 1934 to Feb 5 1935

I last saw him alive on Feb 3 1935 Death is said to have occurred on the date stated above, at 11 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, Acute —	1-31-35
Septicemia, B Coli:	1-31-35
Uremia	1-31-35

Other contributory causes of importance:

Benign Prostatic Hypertrophy	1-1-34

Name of operation: Perineal Prostatectomy Date of 1-2-35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State):

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hospital

F 09263

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09263

3 4 a - 107 a.

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Sq. Hosp.

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 70 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth yrs. mos. ds.

2. FULL NAME Clarence Leister (Baby Leister)

(a) Residence: No. 2738 W. Fayette ave St.; Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 7/1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 wks.		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balt md.
(State or country)

13. NAME Clarence Leister

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Lee Jones

16. BIRTHPLACE (city or town) Washington D.C.
(State or country)

17. INFORMANT Clarence Leister
(Address) 2738½ Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Hill Cemetery Date Feb 5 1935

19. UNDERTAKER Walter Davis
(Address) 3418 Gwynns ave.

20. FILED 1935 Feb 4 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935 to Feb 3 1935

I last saw him alive on Feb 3 1935 death is said to have occurred on the date stated above, at 11.52 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia -	
Syphilis ? (Congenital)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Kruse Mooren M. D.
(Address) Franklin Sq Hosp.

09264

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09264

CERTIFICATE OF DEATH

207M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert A. Driver

(a) Residence: No. 1349 W. 42nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie M. Driver

6. DATE OF BIRTH (month, day, year) July 5 - 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Track-man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Wilson Driver

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER [illegible]

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. M. M. Driver

(Address) 1349 W. 42nd St.

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cem Date Feb. 6, 1935

19. UNDERTAKER Walter Davis

(Address) 3418 Elmstead Ave

20. FILED 2-4-1935 Harris Limmington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by B & O Train	2/2/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-2, 1935

Where did injury occur? 15 Sub-Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Not. Royal Station.

Manner of injury Struck by train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Injured at work

(Signed) Edmund Zeller, M. D. Coroner

(Address) 2039 Edmondson Ave

F 09265

D. B. No. F 09265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-H

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4900 Liberty Hgts Ave St., 38 Ward)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Katharine B Hales

(a) Residence: No. 4900 Liberty Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
female	White	Married

If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William D. Hales

6. DATE OF BIRTH (month, day, year) Aug. 5. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Dec 1934 | 11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Littleton Harmon

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Charlotte Stevens

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. D. Hales

(Address) 4900 Liberty Hgts.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Feb 4" 1935

19. UNDERTAKER Geo E. Beyer Jr.

(Address) 1512 Fallsway St

19. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1-1935

22. I HEREBY CERTIFY, That I attended deceased from from 10 1934 to Jan 31 1935

I last saw h alive on Jan 31 1935 Death is said to have occurred on the date stated above, at 8 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Carcinoma of Gall Bladder & Liver	from 10
b.	
c.	
d.	

Other contributory causes of importance:

Jaundice	from 10

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? (no)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.

(Address) 4909 Liberty Hgts

Co. 5-1t 2508

F 09266

F 09266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1601 E. Preston St. St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Limpert

(a) Residence: No. 1601 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of Elizabeth Limpert
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7th. 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Limpert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta Kreuchel
(Address) 2109 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 4th. 1935

19. UNDERTAKER Crandell E. Humphreys
(Address) 1601 E. Preston St. Funeral Director

20. FILED 1935, 19 Hunter for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1935, to Feby 1, 1935

I last saw h[illegible] alive on Jan 31, 1935 death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Several years

(Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Talbot N. White Jr. M. D.

(Address) 2806 St Paul St

F 09267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09267

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E Fayette St., 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Wiltshire

(a) Residence: No. 1824 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Wiltshire

DATE OF BIRTH (month, day, year) February 14 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kingsdale Pa

13. NAME Albert Wiltshire

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Anna Stauffer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT (Address) Albert Wiltshire 1824 E Fayette St

BURIAL, CREMATION, OR REMOVAL Place Park Lawn Date Sept. 4, 1935

UNDERTAKER (Address) Wendell Eden 800 N Eden St

DATE 1935 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1935 to Jan 1, 1935. I last saw her alive on Jan. 31, 1935. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Recurrent Cancer of Uterus & Spine

Date of onset 1930

Other contributory causes of importance:

Acute Endocarditis

Name of operation Pelvic Exam for Diag. Date of Jan 1 1935

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry E. Tilson, M. D.

(Address) 3 W. Eighth St

D. D. F 09268

F 09268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 Ellsworth St., 8 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Epps

(a) Residence: No. 1642 Ellsworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	5. Color or Race	6. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Mary

7. DATE OF BIRTH (month, day, year) 8-15-84

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	17 16	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. steel-mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nottaway Co. Va

13. NAME Walnut Epps

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Belle Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Epps
(Address) 913 Madison Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Feb 5th 1935

19. UNDERTAKER Mrs. R. A. Elliott
(Address) 1129 N. Carrollton Av

20. FILED Feb 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-17-34, 19, to Feb 1, 1935

I last saw him alive on 1-31-35, 19 Death is said to have occurred on the date stated above, at bet. 1 AM and 6 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	?
Other contributory causes of importance:	
Mitral insufficiency	?
Chronic myocarditis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wayne Thomas M. D.

(Address) 1500 E. Madison St

F 09269

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09269

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Harford ave St. 9 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Thomas Beeler

(a) Residence: No. 3307 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edna Beeler

DATE OF BIRTH (month, day, year) Feb 3 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles H Beeler

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Donovan

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs Edna Beeler

(Address) 3307 Harford Ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Ridge Cem Date Feby 5th 1935

UNDERTAKER John Ulrich

(Address) 2002 Aliceanna

FILED ... 19... Feb 4 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 27th 1935 to Feby 2nd 1935

I last saw him alive on Feby 2nd 1935 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 27 '35
Other contributory causes of importance:	
Cardiac Failure	Feby 1 '35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify No

(Signed) Robert S. Kirk M.D.

(Address) 3126 Harford Rd

D. B. 1268-9

F 09270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09270

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Julia Almes Jones

(a) Residence: No. 2094 N. Fremont Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colord	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Albert Jones

6. DATE OF BIRTH (month, day, year) July 11 - 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	6	20.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington - D.C.

13. NAME OF FATHER Wm. Tilla

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Sarah Lewis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Mt Auburn Date 2/4 19 35

19. UNDERTAKER Charles H. Burke

(Address) 539 Lemmon St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any ~~way~~ related to occupation of deceased? .....

If so, specify .....

(Signed) C. Lyle Miller, M. D. Coroner

(Address) 2464 Eastern Ave.

F 09271

F 09271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Walter

(a) Residence: No. 3002 Presstman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie A. Cox

DATE OF BIRTH (month, day, year) Dec. 19, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. interior decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William Walter

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Laura Delphey

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Sadie Cox Walter

(Address) 3002 Presstman St.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemty Date Feb. 6, 1935

UNDERTAKER John J. Mitchell & Sons. Inc.

(Address) 1900 Eutaw Place

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1935, to Feb 3, 1935

I last saw h I M alive on Feb. 3, 1935 Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

Multiple Liver Abscesses — Date of onset .....

Other contributory causes of importance: Operation Shock

Name of operation Incision & Drainage Date of Jan 31, 1935

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon Ashman M. D.

(Address) West Baltimore Gen. Hosp.

D. B. 19 F 09272 F 09272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Northway Apts. St., 12 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Dill

(a) Residence: No. Charles & University Pky. St., Northway Apts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lewis Dill

6. DATE OF BIRTH (month, day, year) April 1, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9 10	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnsville Frederick Co., Md.

13. NAME OF FATHER John S. Repp

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Ann E. Paxton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT L. Alan Dill

(Address) 24 Whitfield Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Feb. 4, 1935

19. UNDERTAKER John C. Mitchell & Sons, I.

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-35 19

22. I HEREBY CERTIFY, That I attended deceased from 2-1-31 19 to 2-1-35 19

I last saw h[illegible] alive on 2-1-35 19 Death is said to have occurred on the date stated above, at 3 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1925
Coronary Thrombosis	1-30-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John I. Yoseph M. D.

(Address) 1015 St. Georges Road

1129 St Paul St

D. B. 12[illegible] F 09273 F 09273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 W. Fayette St., 19 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhelemina Nichols

(a) Residence: No. 1717 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9 1858

7. AGE: Years 76 | Months 11 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) md

13. NAME OF FATHER John M Barcus

14. BIRTHPLACE (city or town) (State or country) ...

15. MAIDEN NAME OF MOTHER E Unknown

16. BIRTHPLACE (city or town) (State or country) md

17. NAME OF INFORMANT Ruda P Findley

(Address) 1717 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville Md Date Feb 5 1935

19. UNDERTAKER John O Mitchell & Son

(Address) 1900 Eutaw Place

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to Jan 2 1935

I last saw h.e.r alive on Jan 2 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	3 hrs.
Other contributory causes of importance: Chronic Myocarditis & Hypertension - Eczema Nichols - Senility	10 yrs. 5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Charles E. Cates M. D.

(Address) 42 N. Fulton Ave

F 09274

F. 09274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas C Robinson

(a) Residence: No. White Hall, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State):

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs T E Robinson

DATE OF BIRTH (month, day, year) Nov 2, 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Veterinarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) Jan, 1935

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Thawville Md (State or country)

13. NAME John C Robinson

14. BIRTHPLACE (city or town) Thawville Md (State or country)

15. MAIDEN NAME Sarah C —

16. BIRTHPLACE (city or town) Prospect, Md (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Bethel Presbyterian Cemetery Date Feb 5 1935

UNDERTAKER Baseline & Son

(Address) Whitehall Md

FILED 1935 — 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1935 to Feb 3, 1935

I last saw h.. alive on Feb 3 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicectis	1/25/35
Other contributory causes of importance:	
peritonitis	1/26/35

Name of operation appendectomy Date of 1/26/35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E Proctor MD M. D.

(Address) Md Gen Hosp

Spec.—9 30—A: & Co.—250 Bks.

F 09275

F 09275

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Clifton Ave ST. 15 WARD)

2. FULL NAME Mary Virginia Bell

(a) RESIDENCE NO. 1919 Clifton Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George W. Bell

DATE OF BIRTH (month, day, and year) Feb 13 1842

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92	11	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St Mary's Co Md.

10 NAME OF FATHER Wm Thomas

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Susan Palmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Mary's Co Maryland

Informant Mrs. Virginia B. Bell
(Address) 1919 Clifton Ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-3-35

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Jan 3 1935 19

that I last saw her alive on Jan 2 1935 12 m.

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis & chronic myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cystitis (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What tests confirmed diagnosis? —

(Signed) W. C. Stewart M. D.

19 (Address) 1919 Clifton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Hope Cemetery St Mary's Co Md

DATE OF BURIAL Feb 6 1935

20 UNDERTAKER Bertrand & Son

ADDRESS 2224 N. Charles St.

1935

pec.—9-30—A. & Co. 250 Bks.

F 09276

F 09276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3025 Hamilton Ave ST. 27 WARD)

2-FULL NAME Mrs Margaret Julian

(a) RESIDENCE NO. 3123 Hamilton Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year): Oct 2-1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	4	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None - Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Hinkston Ky

10 NAME OF FATHER: Thos B. Julian

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Sarah Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Winchester Va

Informant (Address): Mrs Fitzhugh Lamon 3123 Hamilton Ave

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb-3-1935

17

I HEREBY CERTIFY, That I attended deceased from Jany 21, 1935, to Feby 3, 1935,

that I last saw h er alive on Feby. 2, 1935,

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) Since Oct 1933 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Decompensation

(duration) ✓ yrs. 1 mos. 13 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) Thomas B. Green M. D.

2/3 1935 (Address) 5543 Harford Rd Balto Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Whitestone Lancaster Co Va

DATE OF BURIAL: Feb-5-1935

20 UNDERTAKER: Putnam & Love

ADDRESS: 2224 N Charles St

F 09277

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09277

CERTIFICATE OF DEATH

Registered No. 26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Snowden

(a) Residence: No. 835 Clifford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: male | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Snowden

DATE OF BIRTH (month, day, year): 4-17-1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as mill, saw mill, bank, etc.: ? Coal ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

BIRTHPLACE (city or town) (State or country): (town ?) Maryland

13. NAME: George Snowden

14. BIRTHPLACE (city or town) (State or country): town ? Md

15. MAIDEN NAME: Mary Jane (?)

16. BIRTHPLACE (city or town) (State or country): ? (?) Md

INFORMANT (Address): Balto City Hospl

BURIAL, CREMATION, OR REMOVAL

Place: Furnace Branch Date: February 4, 1935

UNDERTAKER (Address): Joseph A. Lively 409 N. mount Street

FILED 1935 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1934 to 1-31, 1935

last saw him alive on 1-31, 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine (?) (Questionable)	6 mos

Other contributory causes of importance: Manitzon Secondary Anemia ? Abscess abdominal Wall ? Incision & Drainage ? Tobacco ?

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence N. Yost M. D.

(Address) Balto City Hospitals

D. B. 1268-9

F 09278

F 09278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 1st Ward)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Virginia Wightman

(a) Residence: No. 1614 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale.	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	29 30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western High School

10. Date deceased last worked at this occupation (month and year) 1868

11. Total time (years) spent in this occupation 66

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Samuel Wightman

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Emely Osard

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Clara. Wightman.

(Address) 1614 Bolton St

18. BURIAL, CREMATION, OR REMOVAL Green mound Date 2-6 1935

19. UNDERTAKER Wm. A. G. Rehn & Son

(Address) 1527 Edmondson Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1934 to Feb 2 1935.

I last saw her alive on Feb 2 1935. Death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency, after hospitalization for fracture of the head of the femur.

Date of onset

Other contributory causes of importance:

Name of operation appendectomy Date of 12-26-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? 1614 Bolton St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fell on the floor

Nature of injury Fx. hip fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carlton Baptiste, Jr. M. D.

(Address) Hospital for Women of Maryland.

D. B. 1268-9

F 09279

F 09279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 Baker St. 14 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Mary Catherine Ross

(a) Residence: No. 515 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

If married, widowed, or divorced
(or) WIFE of Alexander Ross

DATE OF BIRTH (month, day, year) Oct. - 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hand Laundry

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 50 yrs

BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

13. NAME William Wash

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

15. MAIDEN NAME Elizabeth Royal

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

INFORMANT Alexander Ross

(Address) 515 Baker St.

BURIAL, CREMATION, OR REMOVAL

Place Laurel Date 2-4 1935

UNDERTAKER Jesse W. Ridden

(Address) 436 W. Biddle St.

FILED Jan 1 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 31. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1935 to Jan 31 1935

Must saw h alive on Jan 31 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart disease	1931
Other contributory causes of importance: Arterio Sclerosis	1931

Name of operation none Date of no

What test confirmed diagnosis? Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jane Brown M. D.

(Address) 1663 W. Mount ave.

D. P. 1268-9 F 09280 F 09280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Abraham Abramowitz

(a) Residence: No. 1342 W. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hessa

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 2/7/35 19

19. UNDERTAKER Jos. Lewis Inc.

(Address) 2100 Eutaw Place

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 1935 to Feb. 3 1935

I last saw him alive on Feb. 3 1935 Death is said to have occurred on the date stated above, at 2:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Jan 31-35

Other contributory causes of importance:

Brain Tumor	Dec-'34

Name of operation Craniotomy Date of 1/26/35 1/27/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard W. Ballod M. D.

(Address) Sinai Hospital

F 09281

F 09281

293845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Gross

(a) Residence: No. 4327 Leiterstown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 9 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME David J. Gross

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dora Kolodner

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT (Address) Records.

BURIAL, CREMATION, OR REMOVAL

Place Druid Date 2/5/35 19

UNDERTAKER Levy Bros Inc

(Address) 739 E. Baltimore St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 3 - 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 19 34 to Feb 3 19 35

I last saw her alive on Dec. 3 19 34 Death is said to have occurred on the date stated above, at 9 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerular nephritis	Sept 1934
Other contributory causes of importance: Uremia	1935

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Bernstein M. D.

(Address) 1207 Eutaw Place

D. B 1268-9 F 09282 F 09282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 N. Bond St., 8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth 29 yrs. mos. ds.

2. FULL NAME Charles Holtzman

(a) Residence: No. 1332 N. Bond St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie Holtzman

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor, coat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sadie Holtzman

(Address) 1332 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sherrins Run Date 2/4/35

19. UNDERTAKER Jack Laura Inc.

(Address) 1139 E. Balto St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Chr Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 508 E. ...

1-1935

F 09283

F 09283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME George Clemens

(a) Residence: No. 6 S Conklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Clemens

DATE OF BIRTH (month, day, year) Aug 24/1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	5	8 9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Utility
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church Home & Infirmary
8. Date deceased last worked at this occupation (month and year) Feb 2/35
11. Total time (years) spent in this occupation 4 yrs

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Louis Clemens

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Maggie Rohleder

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT John Clemens (Son)
(Address) 1711 O'Dell Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feby 5th 1935

UNDERTAKER Geo M. Emick & Son
(Address)

FILED ....., 19.... Registrar

F-1025

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance: Genl Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

F 09284 ✓ F 09284

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 S. Potomac St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Henry Brundick

(a) Residence: No. 1013 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced (or) WIFE of Elizabeth F. (nee Henning

7. DATE OF BIRTH (month, day, year) Jan 25 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76 yrs	—	6 dys	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter carrier 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Post Office Dept

10. Date deceased last worked at this occupation (month and year) 11 years ago

11. Total time (years) spent in this occupation 32 yrs

BIRTHPLACE (city or town) Powhatta
(State or country) Balto Co. Md.

13. NAME Rudolph Brundick

14. BIRTHPLACE (city or town) not known
(State or country) Germany

15. MAIDEN NAME Fredrika Schellenberg

16. BIRTHPLACE (city or town) not known
(State or country) Germany

INFORMANT Mrs. Elizabeth F. Brundick

(Address) 1013 S. Potomac St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Date Feby 4th 1935

UNDERTAKER Geo M Frank & Son

(Address) 844 N Wolfe St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Jan 31 1935

I last saw h.. alive on Jan 30 1935. Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of Importance were as follows:

Cerebral apoplexy — Date of onset Jan 22

recurrent — Jan 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) 1010 S. Ellwood Ave

D. F 09285 ✓ F 09285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3723 Boarman Ave 15 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Virginia Johnson

(a) Residence: No. 3723 Boarman Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced, HUSBAND of (or) WIFE of: Frank P. Johnson

6. DATE OF BIRTH (month, day, year) Apr. 21, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	11	12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

13. NAME Henry Stoner

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

15. MAIDEN NAME Margaret A Haines

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Wm P. Dawson

(Address) 1938 W. Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 5 1935

UNDERTAKER Wm Pickney Sons

(Address) North & Fulton Ave

Filed Feb 4 1935 Recorded by

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1934 to Febry 2, 1935

last saw her alive on Febry 2 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E. Thomson M. D.

Feb 4/35 (Address) 100 Fulton Ave.

F 09286 ✓ F 09286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH St. Agnes Hospital

TY OF BALTIMORE: (No. Caton & Wilkins Rds. St., 3rd Ward)

ngth of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Sylvester E Pisani

(a) Residence: No. Rolling Rd. Catonsville. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Me.	W.	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single.

ATE OF BIRTH (month, day, year): Sept 2. 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~44~~ 43	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore

12. NAME ? Pisani Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Annie E. Pisani

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Mrs H Harry Chambers
(Address) Rolling Road

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 5 19 35

UNDERTAKER Wm F Turner Sons
(Address) ~~Elm~~ Elma & Nath Pl

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 19 35

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 19 34 to Feb. 2 19 35

I last saw h... alive on Feb 2 19 35 Death is said to have occurred on the date stated above, at 9:15? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1929
Arteriosclerosis Renal	1929
Nephritis Chronic Interstitial	1929
Uremia	Jan 24, 1935

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 343 E Fredrick ave

D. P. 1268-9

F 09287

F 09287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 N Greene St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Cinquegrani

(a) Residence: No. 220 N Greene St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of Pasquale Cinquegrani

DATE OF BIRTH (month, day, year) April 11-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Never 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Andrew Fantitta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME ? Fantitta

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mr Ernest Cinquegrani

(Address) 220 N Greene St

BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date Feb 6 1935

UNDERTAKER J. H. Dichmer & Sons

(Address) Baltimore Md

FILED Feb 4 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1935 to Feb. 3 1935

I last saw her alive on Feb. 2, 1935 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	1/19/35
Other contributory causes of importance:	
Arteriosclerosis	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. D. Simmonds M. D.

(Address) Medical Arts Bldg.

F 09288

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09288

65

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. Kesmick Rd. & 41th St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs 60 yrs. 0 ds.

2. FULL NAME Cecelia Moore

(a) Residence: No. Home for Incurables St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced (or) WIFE of Charles H. Moore

DATE OF BIRTH (month, day, year) Jan. 10, 1852

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	83	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) London, England

13. NAME William Webb

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Cecelia Dunn

16. BIRTHPLACE (city or town) (State or country) London England

INFORMANT (Address) Home for Incurables 40 & Kesmick

BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Feb 4 1935

UNDERTAKER (Address) W. J. Tuckerman & Son York & 52

FILED Feb 4 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct-2 1934 to Feby 1st 1935

I last saw her alive on Feby 1st 1935. Death is said to have occurred on the date stated above, at 5.01 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acromegaly	1926

Other contributory causes of importance:

Cortical oldema	Today ago

Name of operation None Date of —

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. B. Mayo M. D.

(Address) Medical Arts Bldg

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

09289 09289

CERTIFICATE OF DEATH

182 a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2030 E. North Ave St., 8 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Joseph James Delaney

(a) Residence: No. 2030 E. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Nov 21/34

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto., Md.
(State or country)

13. NAME Joseph James Delaney

14. BIRTHPLACE (city or town) Harrisburg, Pa
(State or country)

15. MAIDEN NAME Winifred Leary

16. BIRTHPLACE (city or town) Richmond Va
(State or country)

INFORMANT Father
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date Feb 5 1935

UNDERTAKER Mary M Wedefield
(Address) 901 E 22nd St

FILED FEB 4 1935 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at before 9 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Suffocation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ..... 19.....

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home - in bed with parents

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) ..... 601 E 22nd St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

290

CERTIFICATE OF DEATH

F 09290

23 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2168 Hollins St., 70 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas McKitrick

(a) Residence: No. 2168 Hollins St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the wurd)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie McKitrick

DATE OF BIRTH (month, day, year) July 23, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Core Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O 013

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation 12

BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME OF FATHER James F. McKitrick

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Alice Buckingham

16. BIRTHPLACE (city or town) (State or country) Howard County Md.

INFORMANT Carrie McKitrick

(Address) 2168 Hollins St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 5. 1935

UNDERTAKER Powell & Boyce

(Address) 2224 Edmondson Ave.

FILED Feb. 6 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1- . 1935 to Feb 2- . 1935

last saw him alive on Feb 1- . 1935 Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cahn M. D.

(Address) 2145 N Balto St

D. P. 1268-9

291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 09291

46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 23 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Johnson.

(a) Residence: No. 917 S. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated.

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 8/17/75.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59.	5	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Henry?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Thomas Johnson (Bro.
(Address) above address.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/6/35 19

UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Monument St

FILED 2-4-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/29 . 1935 to 2/2 . 1935

I last saw him alive on 2/2 . 1935 Death is said to have occurred on the date stated above, at 7½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus (?)	Yrs?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

S. D. P. 1268-9

Yovanovich V

HEALTH DEPARTMENT—CITY OF BALTIMORE

19292

19292

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hosp St. 19 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Yovanovich

(a) Residence: No. 1514 Mc Henry St St., 19th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Milena Yovanovich

DATE OF BIRTH (month, day, year) Jan 12, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	61		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Yugoslavia

13. NAME Peter Yovanovich

14. BIRTHPLACE (city or town) (State or country) Yugoslavia

15. MAIDEN NAME Peggy Yovanovitz

16. BIRTHPLACE (city or town) (State or country) Yugoslavia

INFORMANT Michael Yovanovich

(Address) 1514 Mc Henry st

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 2d 1935

UNDERTAKER G. Jones

(Address) 111 S. Gilmor st

FILED Feb 4 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 . 1935 to Feb 1 . 1935

I last saw h[illegible] alive on 1/31 . 1935 Death is said to have occurred on the date stated above, at 3 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Umbilical Hernia	?
Chronic Bronchitis	?
Hypertension (cardio vascular disease)	?
Acute cardiac Failure	1/20/35
Other contributory causes of importance:	
Umbilical Hernia Repair	1/25

Name of operation { Secondary Closure 1/31/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl J. Wilder M. D.

(Address) West Balto Gen'l Hosp.

D. P. 1268-9

9293 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 09293

CERTIFICATE OF DEATH

3rd-123

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1830 McCulloh St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Thos H. Davis

(a) Residence: No. 1830 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Col'd	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Davis

6. DATE OF BIRTH (month, day, year) Dec 31-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	50	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bol Parlor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Peter Davis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Adeline Hayden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Grace Davis
(Address) 1830 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Nd. Calvary Cem. Date 2-5- 1935

19. UNDERTAKER John W. Johnson
(Address) 1700 Druid Hill Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Rectum	Since Dec 24 '34

Other contributory causes of importance:

Name of operation Regular Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W. C. Link M. D.
Coroner
(Address) Coroner's Office

F 09294

HEALTH DEPARTMENT CITY OF BALTIMORE

F 09294

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3133 Belmont Ave St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Mary E Draper

(a) Residence: No. 3133 Belmont Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of James F. Draper

6. DATE OF BIRTH (month, day, year) Aug-14-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland
13. NAME John Shea
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Mary Greer
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT James F. Draper
(Address) 3133 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 2/6, 1935
19. UNDERTAKER Williams Cook
(Address) 217 St Paul Street
20. FILED 2-6-35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935, to February 3, 1935
I last saw her alive on February 3, 1935 death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1934
Other contributory causes of importance: Uraemia	Jan. 31, 1935

Name of operation Date of
What test confirmed diagnosis? Blood Chemistry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Kendig Wallace, M. D.
(Address) 2839 Walbrook Avenue

D. P. 1265-9 F 09295

F 09295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl E. Williams

(a) Residence: No. 2501 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Separated

If married, widowed, or divorced
HUSBAND of (or) WIFE of William L. Williams

DATE OF BIRTH (month, day, year) 7/3/1885.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none ever did

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home ever did

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Franklin Ferry

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sallie Landis

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Records Bd H.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Cem. Va. Feb 6th 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/2 1935 to 2/2 1935, I last saw h[illegible] alive on 2/2 1935 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & congestive failure	7 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Bate M. D.

(Address) Balto City Hosp

D. H. 126

F 09296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. F 09296

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital) St.; (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Brayden

(a) Residence: No. 3518 Hayward Ave St.; Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11th 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER William Brayden

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Beatrice Harrison

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. NAME AND ADDRESS OF INFORMANT Mrs C. H. Pounder 2 W. 39 St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 5th 1935

19. UNDERTAKER (Address) Wm Cook 1217 E Fayette St

20. FILED Feb 6 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from January, 19, to, 19

I last saw him alive on, 19 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Depressed Fracture of Skull	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/1, 1935

Where did injury occur? Hayward & Bentalou Aves (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Run over by automobile while

Nature of injury Crushing of his skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sharon M. D. Coroner

(Address) 2500 E Madison St

D. P. 1268-9 F 09297 ✓ F 09297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

939 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Dawson

Dramush Junior

(a) Residence: No. 600 N. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Mulatto	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora.

DATE OF BIRTH (month, day, year) 11/24/64

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Reuben F.

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Mollie Wright.

16. BIRTHPLACE (city or town) (State or country) Ky.

INFORMANT Records BCH.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Feb 4 1935

UNDERTAKER

(Address)

FILED [illegible] Registrar.

B1088

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/29 1935 to 2/2 1935

I last saw h[illegible] alive on 2/2 1935 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency & congestive failure. 3 wks.

Date of onset

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A Petty M. D.

(Address) Balto City Hosp.

Babbington

F 09298

F 09298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 23 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Lillian Babbington

(a) Residence: No. 1610 Alice St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

If married, widowed or divorced: HUSBAND of (or) WIFE of Charles Babbington

DATE OF BIRTH (month, day, year) 10/7/83

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME Peter Medzdroop

14. BIRTHPLACE (city or town) (State or country): Balto. Md

15. MAIDEN NAME Sarah (?)

16. BIRTHPLACE (city or town) (State or country): Balto., Md

INFORMANT (Address): Balto. City Hospt Records

BURIAL, CREMATION, OR REMOVAL: Cedar Hill Cem. Date 1/5/35 19

UNDERTAKER: Gehret & Deering

(Address): 715 Lafayette Ave

FILED 1935 Huntington ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-29 1935 to 2-3 1935

I last saw her alive on 2-2 1935 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

Abscess, abdominal wall

Date of onset: 4 mos. approx.

Other contributory causes of importance: Cerebral Hemorrhage (Hemorrhage)

Name of operation: Incision & Drainage of abscess Date of 2-1 1935

What test confirmed diagnosis? ..... Was there an autopsy? No

25. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt. J. Martin M. D.

(Address) Balto. City Hospt

F 09299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St., 17 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Williams

(a) Residence: No. 3301 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Freeland

DATE OF BIRTH (month, day, year) Aug-11-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Stewart Williams

(Address) 3301 Barclay St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem. Date Feb. 4, 1935

UNDERTAKER Jos. Geo. F. Holland

(Address) 1617 Druid Hill Ave

FILED Feb. 4 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-26-, 1935, to 2-1-, 1935

I last saw her alive on 2-1-, 1935 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-26-35

Other contributory causes of importance:

Chronic Nephritis
Generalized arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B. LeCompte, M. D.

(Address) Provident Hosp.

D. H. 1268-9 F 09300 ✓ F 09300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 14 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Garland N. Crawley

(a) Residence: No. 523 Laurens St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 10 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	34	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Rutherford Va
(State or country)

13. NAME Wm Crawley

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME Sarah Maddox

16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT James Crawley
(Address) 523 Laurens St

BURIAL, CREMATION, OR REMOVAL
Place Dist Cabarrus Date Feb 4 19 35

UNDERTAKER Jno Hy L. Holland
(Address) 1501 Eutaw Place

FILED ..... 19 ..... Registrar.

- 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1449 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. F. Herzog M.D. Coroner, M. D.

(Address) 1305 N. Patterson Park Ave

F 09301

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09301

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emily Pringle

(a) Residence: No. 1021 Hillen St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 2/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7 6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Pringle

14. BIRTHPLACE (city or town) (State or country) Columbia, S. C.

15. MAIDEN NAME Mary Lawrence

16. BIRTHPLACE (city or town) (State or country) Suffolk, Va

INFORMANT Charles Pringle

(Address) 1021 Hillen St

BURIAL, CREMATION, OR REMOVAL

Place MA Canton Date 2/4/35

UNDERTAKER Robert F. Williams

(Address) 1515 McElderry St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.30 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Ricketts	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos H Callan M. D.

(Address) 1508 E Lombard Coroner

F. B. 1935

D. B. [illegible] F 09302.

F 09302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Magid

(a) Residence: No. 23 S. Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	40	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wool operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Goods

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Harry Magid

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Magid (Address) 1023 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date Oct 4 1935

19. UNDERTAKER Sol Levinson Bro (Address) 1212 Gate St

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1935

22. I HEREBY CERTIFY, That I attended deceased from December 25 1934 to February 4 1935

I last saw him alive on February 4 1935. Death is said to have occurred on the date stated above, at 12:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis Emphysema.	
Cardiac Hypertrophy & Dilatation	
Arteriosclerosis. Cardiac Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel J. Schwartz, M. D.

(Address) Sinai Hospital

. D. B 1268-9

F 09303

HEALTH DEPARTMENT—CITY OF BALTIMORE

9303 ✓ 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square St., 16 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Pooley

(a) Residence: No. 878 No. Stricker St. St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

DATE OF BIRTH (month, day, year) Oct. 22-1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	3	11 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Age

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER James Pooley

14. BIRTHPLACE (city or town) (State or country) So. Carolina

15. MAIDEN NAME OF MOTHER Annie Wiggens

16. BIRTHPLACE (city or town) (State or country) So. Carolina

INFORMANT James Pooley
(Address) 878 N. Stricker St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/4/ 1935

UNDERTAKER Chas. H. Corkran
(Address) 5141 Catharine St.

FILED [illegible] Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on Inquiry 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Feb 1 1935
Other contributory causes of importance: Pulmonary Tuberculosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph L. Vaghn M. D.
Coroner

(Address) 16 So. Broadway

D. B 1268-9

F 09304

HEALTH DEPARTMENT—CITY OF BALTIMORE

9304

CERTIFICATE OF DEATH

11-3 82-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 11 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia Dennis

(a) Residence: No. 856 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Bertha Johnson
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 4 - 1935

UNDERTAKER Jno Geo. E. Holland
(Address) 1131 Sharp St

FILED , 19 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st 35

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw h alive on Pregnancy , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage four hours — Date of onset

Other contributory causes of importance:

Name of operation Date of No

What test confirmed di Was there an autop

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Chick Coroner, M. D.

(Address)

Axx

F 09365

D. H. 1268-9

9305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. Hosp. St., 16 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Miles

(a) Residence: No. 2808 Raynor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William M. F. Miles

6. DATE OF BIRTH (month, day, year) March 11, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME OF FATHER Thomas Sheckells

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME OF MOTHER Ellen Clegg

16. BIRTHPLACE (city or town) (State or country) Reisterstown Maryland

17. INFORMANT Mr. William M. F. Miles

(Address) 2808 Raynor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Feb. 5 1935

19. UNDERTAKER J. G. Cook (Inc.)

(Address) 1003 W. Baltimore St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 1 1935

22. I HEREBY CERTIFY, That I attended deceased from nursing 19 to 19

I last saw her alive on 19 Death is said to have occurred on the date stated above, at 5.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Left Femur	11/23/34
Acute Cardiac Dilatation	2/1/35
Other contributory causes of importance:	
Automobile Accident	11/23/34

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11/23 1934

Where did injury occur? Poplar Grove & Raynor Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Sikorny Coroner, M. D.

(Address) 2200 E. Madison St.

F 09306

L. D. P. 1268-9

09306 95168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Paul (James David Paul)

(a) Residence: No. 320 S Lehigh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Jane Paul

DATE OF BIRTH (month, day, year) February 14 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repair Man

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) January 1925

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Douglas Ga

13. NAME Ansel Paul

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Susie McCall

16. BIRTHPLACE (city or town) (State or country) Ga

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Douglas, Georgia Date Feb. 5 19 35

UNDERTAKER J. B. Cook (Lic)

(Address) 1003 E. Baltimore St.

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1935 to Feb 2 1935

I last saw him alive on Feb 2 1935 Death is said to have occurred on the date stated above, at 7.15 p m.

The principal cause of death and related causes of importance are as follows:

	Duration of onset
Cerebral embolism	Feb 1-35
Myocardial failure	(Jan) Feb 4-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Flexner Montalvan M. D.

(Address) J. Hopkins Hosp.

1935

Flexner Montalvan

D. R. 1268-9

F 09307

09307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Caroline St., 8 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Simms

(a) Residence: No. 1627 Caroline St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Paulette Simms

DATE OF BIRTH (month, day, year) July 5, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Simms

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Catherine Keller

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT John Simms (Son)

(Address) 1627 N. Caroline St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Feb. 5th, 1935

UNDERTAKER Ernest W. Conklin

(Address) 824 Eager St

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11:30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
History of Mitral Valve Insufficiency	
Other contributory causes of importance: Probable Influenza	3 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

F 09308

H. D. B. 1208-9

09308 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 Wilcox St., 10 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred J. Sattie Jr.

(a) Residence: No. 120 Wilcox St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

DATE OF BIRTH (month, day, year): Sept. 2nd 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 4 | 11. Total time (years) spent in this occupation: 4

BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Alfred J. Sattie Sr.

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Emma G. Brooks

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

INFORMANT: Alfred J. Sattie Sr.

(Address): 120 Wilcox St

BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date: Feb 2, 1935

UNDERTAKER: Elmer W. Conklin

(Address): 824 E. Eager St.

FILED: 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Feb 2, 1935. Death is said

I last saw him alive on Feb 2, 1935. Death is said

to have occurred on the date stated above, at 12 00 m

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

Other contributory causes of importance: — Date of onset

Name of operation — Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1305 N Patterson Pk

D. B 1768-9

F 09309

9309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 500 Dolphin St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ringold

(a) Residence: No. 510 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

b. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

c. Date deceased last worked at this occupation (month and year) 1903 | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Kent Island Md.

10. NAME John Brownell

11. BIRTHPLACE (city or town) (State or country) N.Y.

12. MAIDEN NAME Jane Gray

13. BIRTHPLACE (city or town) (State or country) Md

14. INFORMANT Wm Ringold

(Address) 510 Dolphin

15. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Feb 4th, 1935

16. UNDERTAKER Archibald L. Gaddis

(Address) 2111 E. Eutaw St.

17. FILED Feb 5 1935 Huntington T. Wilson M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on January 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
6 months	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Link M. D.
Coroner

(Address) Coroner

1935

F 09310

H. D. B. 1268-9

09310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 4-5 E

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 27 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Anthony Yatglows
(a) Residence: No. 525 Washington Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): Jan 22 1888
AGE: Years 47 Months 6 Days 8 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor Shop
10. Date deceased last worked at this occupation (month and year): Feb 1935
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Lithuania
13. NAME of father: Thos Yatglows
14. BIRTHPLACE (city or town) (State or country): Europe
15. MAIDEN NAME of mother: Eva Zi
16. BIRTHPLACE (city or town) (State or country): Europe
INFORMANT: Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL
Place: Med School Date: Feb 1 1935
UNDERTAKER
(Address)
FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1935 to Jan 30 1935
I last saw him alive on Jan 30 1935, at 5:30 P.M. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Left palate 3 months
Contributory causes of importance: Bronchopneumonia 1 day
Name of operation None Date of
What test confirmed diagnosis? Biopsy Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Samuel Hyman M. D.
(Address) Baltimore City Hospitals

D. P. 1268-9

F 09311

9311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Johnson.

(a) Residence: No. 407 N. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nick Upright.

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Birmingham Ala

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Nick Upright
(Address) about address.

BURIAL, CREMATION, OR REMOVAL

Place W. Md. School Date Feb 4 . 1935

UNDERTAKER [illegible]
(Address)

FILED [illegible] Registrar.

1935 1089

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/1 . 1933 to 2/1 . 1935

I last saw her alive on 2/1 . 1935 Death is said to have occurred on the date stated above, at 2 ~~35~~ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	24 hrs.

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Raymond Bates, M. D.

(Address) Balto City Hosp.

F-09312

D. B 1268-9

312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182 a

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1706 Millington St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Mack Williams

(a) Residence: No. 1706 Millington St., Ward. x
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12 '35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2 yrs 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Sealon Williams

14. BIRTHPLACE (city or town) (State or country) Tampa Fla

15. MAIDEN NAME OF MOTHER Ronie Warren

16. BIRTHPLACE (city or town) (State or country) Smithfield Va

17. INFORMANT Sean Williams

(Address) 1706 Millington

18. BURIAL, CREMATION OR REMOVAL Date Feb 4 19 35

Place Pet Mem Cem

19. UNDERTAKER Commissioner Health

(Address)

20. FILED Feb 4 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Suffocation	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19.....
Where did injury occur? Balto Md (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Paralytic Suffocation
Manner of injury rushed out mouth
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner
(Address) 108 E Fayette

D. F. 1268-9

F 09313

09313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 N. Stricker 16 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alphonso Holman

(a) Residence: No. 1132 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9-1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	20	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Balt Md

12. NAME OF FATHER Robt Holman

13. BIRTHPLACE (city or town) (State or country) Balt Md

14. MAIDEN NAME OF MOTHER Lucille Wilkins

15. BIRTHPLACE (city or town) (State or country) Balt Md

16. INFORMANT Robt Holman
(Address) 1132 N. Stricker

17. BURIAL, CREMATION, OR REMOVAL
Place Jef Med School Date Feby ... 19 35

18. UNDERTAKER
(Address)

19. FILED 1935 Hendrick Kelly Registrar.

1091 TBB MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis 1st & 2nd degree Burns	
Other contributory causes of importance: Bed caught fire	

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury Jan 29 1935
Where did injury occur? 1132 N. Stricker
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Bed caught fire
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Schuck M. D.
Coroner
(Address) Coroner

F 09314

D. B 1968-9

9314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thomas

(a) Residence: No. 974 Sarah Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	N	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md
(State or country)

13. NAME

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

UNDERTAKER
(Address)

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-27 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Eugene Feller M. D.
Coroner
(Address) 2734 Eastern Ave

1935 ... 1092 ... Registrar

D. B 1268-9

F 09315

HEALTH DEPARTMENT—CITY OF BALTIMORE

9315

CERTIFICATE OF DEATH

Registered No. 190

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Found in woods St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Baker

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Med Sch Date Feb 4 1935

UNDERTAKER
(Address)

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 26 1935 Unknown 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Inquiry 19..... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Exposure

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Jos L. Valentine M. D. Coroner

(Address) 16 South Broadway

TO THE MORGUE

D. B 1268-9

F 09316

09316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Sonnenburg

(a) Residence: No. 6422 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara

DATE OF BIRTH (month, day, year)

6. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Date deceased last worked at this occupation (month and year) One yr ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ????? Sonnenburg

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline ?????

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Barbara Sonnenburg

(Address) 6422 Belair Road.

BURIAL, CREMATION, OR REMOVAL

Place ..... Date Feb 4 1935

UNDERTAKER

(Address)

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 22/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns over body	Jan 21/35
Other contributory causes of importance:	
Epilepsy	? yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accid Date of injury Jan 21/35

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in Home. Bedclothes caught fire

Manner of injury from electric heating stove

Nature of injury by bed

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo K Eager, M. D. Coroner

(Address) 506 E Monument

D. B. 1265-9

F 09317

09317 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 S. Frederick St., 41 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Hughes

(a) Residence: No. 3 S Frederick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 45			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common work

8. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) Cumberland
(State or country)

10. NAME unknown Hughes

11. BIRTHPLACE (city or town) unknown
(State or country)

12. MAIDEN NAME unknown

13. BIRTHPLACE (city or town) unknown
(State or country)

14. INFORMANT .....
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place U. S. Md. Asylum Date Feb 4 1935

16. UNDERTAKER .....
(Address)

FILED 1935 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Chronic Bronchitis about 2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No ..... If so, specify .....

(Signed) James M. Fenton Coroner, M. D.

(Address) 606 E Chase

H. D. B. 1268-9

F 09318

09318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., Ward)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Melvin Chisolm

(a) Residence: No. 3 S. Frederick St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	S

If married, widowed, or divorced: BUSBAND of (or) WIFE of — Unknown

DATE OF BIRTH (month, day, year) — Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) — Unknown

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) — Unknown

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Med. School Date Feby 19 35

UNDERTAKER

(Address)

FILED 19

Registrar

1935

1096

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(If so, specify)

(Signed) W Ritzog M.D. M. D.

Coroner

(Address) 925 N Patterson Park

2-29-28—L. F. S.—500 Bks.

To Coroner, Inquiry

F 09319

09319

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 301 W Lorraine Ave WARD)

2—FULL NAME Mrs. Mary Catharine Sheaffer

(a) RESIDENCE NO. 301 W. Lorraine Ave 12 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Theodore Sheaffer

6 DATE OF BIRTH (month, day, and year): Dec 10 1866

7 AGE: Years 68 | Months 1 | Days 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harrysville Va.

10 NAME OF FATHER: Henry Pittman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not known

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

Informant: Theodore Sheaffer

(Address)

Filed 1935 by [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 2 1935

17 I HEREBY CERTIFY, That I attended deceased from Mar 3 1927 to Feb 2 1935

that I last saw her alive on Dec 28 1934

and that death occurred, on the date stated above, at 7.40 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease with goiter (duration) 8 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? 2 Monterey

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Roscoe Rosenau

Feb 2 1935 (Address) 4 36 Maryland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn — DATE OF BURIAL: Feb. 5 1935

20 UNDERTAKER: Horace H. Burgee — ADDRESS: 3331 Falls Road

M D R 1765-0

9320

✓ F 09320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie I Martin

(a) Residence: No. 1219 N. Decker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jones.

7. DATE OF BIRTH (month, day, year) 9/22/67.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	10 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (037)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation ✗

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Clay Fowler.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Josie Ely

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Lillian Robert (Daughter)

(Address) 3159 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date 2/4 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E Oval Pl

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/30 1935 to 2/3 1935

I last saw her alive on 2/3 1935 Death is said to have occurred on the date stated above, at 3 15/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	6 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roberta Rule M. D.

(Address) Balto City Hosp

M. D. H. 1268-9

F 09321

09321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1827 N. Broadway St., 8 Ward)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma R Allard

(a) Residence: No. 1827 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Allard

6. DATE OF BIRTH (month, day, year) Jul 25 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edwards

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Priscilla White

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Holbrook

(Address) 1827 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Remains Date 2/6 1935

19. UNDERTAKER William Corse

(Address) 2128 E Pratt St Baltimore MD

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1935 to Feb 4 1935

I last saw her alive on Feb 3 1935 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased

If so, specify

(Signed) John T Creecy M. D.

(Address) 1600 N Broadway

F 09322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 51-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf 6 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Clarence Lewis. Harrisburg, Pa.

(a) Residence: No. 416 Broadway. St., Ward. Harrisburg, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Lewis.

DATE OF BIRTH (month, day, year) Feb. 12, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer, civil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Work.

10. Date deceased last worked at this occupation (month, year) 1923

11. Total time (years) spent in this occupation 34

BIRTHPLACE (city or town) (State or country) Fontaganey Ohio.

13. NAME George W. Lewis.

14. BIRTHPLACE (city or town) (State or country) unknown. Ohio.

15. MAIDEN NAME Olds.

16. BIRTHPLACE (city or town) (State or country) unknown. Ohio.

INFORMANT Mrs. Clarence Lewis.
(Address) 416 N. Broadway.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/6 35

UNDERTAKER William Cook
(Address) 1217 St Paul St.

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to Feb. 4 1935

I last saw h, m alive on Feb. 4 1935 Death is said to have occurred on the date stated above, at 3:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis.	1934
(over)	
Other contributory causes of importance:	
Angina Pectoris.	1931
Arteriosclerosis.	1924

Name of operation Prostatectomy Date of 1934

What test confirmed diagnosis? lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard V. Hawver M. D.

(Address) Church Home & Inf.

M. D. B. 1268-B

✓ F 09323

9323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7037 Hollins St. 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Wain

(a) Residence: No. 7037 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 30 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Car Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. 007

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 23.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George F. Wain

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Emily A. Tunney

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT H. L. Wain

(Address) 7037 Hollins St

BURIAL, CREMATION, OR REMOVAL

Place W. Lord Cem Date Feb 5 1935

UNDERTAKER Joseph B. Oak

(Address) 1003 E. Baltimore Street

Pneumonia Influenza

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1935 to Feb 2nd 1935

I last saw him alive on Feb 2nd 1935 Death is said to have occurred on the date stated above, at 10:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia —	1/28/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

2/4/35 (Signed) E. Kelly Hemming M. D.

(Address) 7000 Hollins Street

F 09324

H. D. P. 1268-9

0324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital 19 Ward)

CITY OF BALTIMORE: (No. Redwood & Greene St.,

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Brenner

(a) Residence: No. 1624 W Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 16 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7 days.		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Warren Edw Brenner

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Margaret P —

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Med. Sch. Date 2-4 19 35

UNDERTAKER
(Address)

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1 19 35

22. I HEREBY CERTIFY, That I attended deceased from 1-18 19 35 to 2-1 19 35

I last saw her alive on 2-1 19 35 Death is said to have occurred on the date stated above, at 3.25 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	1-15-35

Other contributory causes of importance: Atelectasis of newborn 1/18/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Robert W Faw M. D.

(Address) University Hospital

F. D. H. 1268-9

F 09325 ✓ F 09325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Walnut Ave St., 28 Ward)

(length of residence in city or town where death occurred) 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise D Owens

(a) Residence: No. 611 Walnut Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or Divorced (write the word)
F.	W.	Widow

6. If married, widowed or divorced HUSBAND of (or) WIFE of Louise D Owens

DATE OF BIRTH (month, day, year) Jan 7-1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) June 34 | 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Hoosiertown Ind

13. NAME of Father Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mrs Lulu Allen 611 Walnut Ave

BURIAL, CREMATION, OR REMOVAL Date Dec 5th 1935

Place Loudon Park

UNDERTAKER (Address) Peter J. Dee 2200 Eutaw Pl

FILED Dec 5 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to December 2 1935

I last saw h... alive on December 2 1935 Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	1931
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) David ... M. D.

(Address) Medical Arts Bldg

I. D. P. 1268-9

F 09326

09326 HEALTH DEPARTMENT—CITY OF BALTIMORE

87-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catherine Giles

(a) Residence No. 813 W. 36th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John T. Giles

DATE OF BIRTH (month, day, year) July 5 - 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md. USA

13. NAME OF FATHER John Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Nora O'Donovan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Helen S. Reynolds

(Address) 813 W 36th St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Feb. 6 - 1935

UNDERTAKER Margaret B. Flowers

(Address) 2170 N. Fulton Av.

FILED Feb 6 1935 Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1935 to Feb 3, 1935

I last saw her alive on Feb 3, 1935 Death is said to have occurred on the date stated above, at 10 25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arterio-sclerosis	(?)
Cerebral degeneration	(?)

Other contributory causes of importance:

Decubitus ulcers	Oct 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert F. Neely, M. D.

(Address) St Agnes Hospital

H. D. B. 1268-9

F 09327

09327 HEALTH DEPARTMENT—CITY OF BALTIMORE

145a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Brown

(a) Residence: No. 4624 Gough St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6/?/?

AGE: Years 22(?) | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid ? 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT (Address) Balto City Hospitals

BURIAL, CREMATION, OR REMOVAL Place Pleasant Hill Date 2/4/35

UNDERTAKER J. J. Feeney & Son (Address) 1218 Eutaw St

FILED 1935 Huntington Avenue Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-35

22. I HEREBY CERTIFY, That I attended deceased from 11-5-1935 to 2-2-1935

I last saw her alive on 2-1-1935 Death is said to have occurred on the date stated above, at 2:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum infection.	10 days
Generalized Peritonitis Septicemia	4 days

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt F Wanken M. D.

(Address) Balto City Hospitals

H. D. P. 1268-9

F 09328

HEALTH DEPARTMENT—CITY OF BALTIMORE

9328

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3551 Chestnut ave St., 13 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura L E Sales

(a) Residence: No. 3551 Chestnut ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 19-1860

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	74	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) Balto Co
(State or country) Md

13. NAME James A Sales.

14. BIRTHPLACE (city or town) Mass.
(State or country)

15. MAIDEN NAME Elizabeth Custer

16. BIRTHPLACE (city or town) Balto Co
(State or country) Md

INFORMANT Mrs L E Proctor

(Address) 3333 Chestnut ave

BURIAL, CREMATION, OR REMOVAL

Place Loy Green Md Date 2/5/35 19

UNDERTAKER Geo L Boyer Jr

(Address) 512 Hollins St.

FILED 1935 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 - 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to Feb 1 - 1935

I last saw h.. alive on Feb 1st 1935 Death is said to have occurred on the date stated above, at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chronic duodenal ulcer	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Arthur J Davis, M. D.

(Address) 8 W Mt Royal Ave

(09329) # STATE OF MARYLAND—CERTIFICATE OF DEATH (09329)

PLACE OF DEATH

County Baltimore Md. Registration Dist. No. 82-a

Village or City ..... No. 74 St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME ~~[illegible]~~ Festus A. Bonnell

(a) Residence No. 1616 Jackson St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. Bonnell

7. DATE OF BIRTH (month, day, and year) March 17 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	17	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lunch Room Owner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) 1/24/35

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME OF FATHER unknown.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME OF MOTHER unknown.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT ..... (Address) 1516 Jones Falls Ave.

18. BURIAL, CREMATION, OR REMOVAL Frederick Md

Place Mount Olivet Date 2-7 1935

19. UNDERTAKER ..... (Address) Frederick Md.

2-4-1935 ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 4th 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 24th, 1935, to Feb 4th, 1935

I last saw him alive on Feb 4th, 1935; death is said to have occurred on the date stated above, at 3.55 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Jan 24th 1935
Arteio Sclerosis with Hypertension	Jan 24th 1935

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Sidney R. Stuart M. D.

(Address) 4 E. Fort Ave Baltimore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 09330

H. D. P. 1268-9

09330 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. ..... St., 76 Ward) 190 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Jelowski

(a) Residence: No. 323 Lemmon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 15 1881

AGE Years 53 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Stanislaus Jelowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Rose ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Cem Date Feb. 5th 1935

19. UNDERTAKER Lilly & Zeigler Jones
(Address) 463 S. Wolfe St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1935 to Feb 3 1935 Death is said last saw him alive on Feb 3 1935 to have occurred on the date stated above, at 10:40 AM

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema, Heart Failure

Date of onset ?

Other contributory causes of importance Cerebral embolism

Name of operation None Date of ?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Yost M. D.

(Address) Balto City Hospitals

F 09331

F 09331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sydenham Hospital 9 St., Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mildred Hope Miller

(a) Residence: No. Rockville Md. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Sept 14, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Montgomery County Md

12. NAME Roger C Miller

13. BIRTHPLACE (City or town) (State or country) Warren County Va.

14. MAIDEN NAME Margaret Jacobs

15. BIRTHPLACE (city or town) (State or country) Va

INFORMANT (Address) Mrs. Miller Rockville, Md

BURIAL, CREMATION, OR REMOVAL

Place Rockville Md. Date 2-7- 1935

UNDERTAKER Warren E Pumphrey

(Address) Rockville Md

FILED 5-1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1935 to Feb 4 1935

I last saw her alive on Feb 4, 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza complicated Bronchopneumonia	Feb 1, 1935 Feb 2, 1935

Other contributory causes of importance:

None

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry L Lehman M. D.

(Address) Sydenham Hospital

F 09332 F 09332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Home for the Aged of the M.E. Church)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Reed

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ (or) WIFE of Amos Reed

DATE OF BIRTH (month, day, year) Feb 28th 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aged Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Penna

13. NAME Isaac Gamber

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Katherine Swartz

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Effie Cuddy

(Address) 2211 Rogers Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 5th, 1935

UNDERTAKER Wm Cook

(Address) 217 St Paul St

FILED 2-5-1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1934 to Feby 3, 1935

I last saw h~~er~~ alive on Feby 2, 1935 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia ~ Nephritis	
Other contributory causes of importance:	
Coma	

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 19

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No injury

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw. C. Thomson, M. D.

(Address) 703 Fulton Ave

F 09333

F 09333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-W

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1832 E. 29th St St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. T. Roberts
(a) Residence: No. 1832 E. 29th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Maggie Roberts

DATE OF BIRTH (month, day, year) Oct. 9/1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe dealer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Wm Roberts

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Francis Kline

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Maggie Roberts
(Address) 1832 E. 29th st

BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn, Md. Date Feb. 5 35

UNDERTAKER Philip Herwig Sons
(Address) 20th Edmondson Ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 35

22. I HEREBY CERTIFY, That I attended deceased from January 5 1934 to February 2 1935
I last saw h[illegible] alive on February 2 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Occlusion	Nov 1934
Angina Pectoris	15 Minutes

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Albert Eisenberg M. D.

(Address) 2025 E Baltimore St

D. B 1268-9

F 09334

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09334

CERTIFICATE OF DEATH

118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Prondent Hosp St., 18 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Hill

(a) Residence: No. 518 N. Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	32	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soap

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Hill

14. BIRTHPLACE (City or town) (State or country) Charlottenville Va

15. MAIDEN NAME Annie Jones

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

INFORMANT Raymond Hill

(Address) 1446 Argyle Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Feb 5 1935

UNDERTAKER Elroy Allman

(Address) 1 E Baltimore

FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Pneumonia ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Duration between onset and death

Acute Indigestion 6 hours

Other contributory causes of importance: Had Eaten 12 Hamburgers & Bananas at supper

Name of operation Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Smith, M. D.
Coroner

(Address) Coroner

M. F. R. F 09335 F 09335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2143 Druid Hill St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Clover J Caulk
(a) Residence: No. 2143 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Caulk

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME Joseph Caulk
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Mary Weaver
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Caulk
(Address) 2143 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 5, 1935

19. UNDERTAKER James Adams
(Address) 1142 W Fred St

20. FILED 1935 Feb 5 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1935 to 2/2, 1935
I last saw h[illegible] alive on 2/2, 1935. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B Burkett, M. D.
(Address) 1136 Park Ave

F 09336

M. D. B. 1935

F 09336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-H

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 8 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME MRS. ELIZABETH SNYDER (CHARLOTTE ELIZABETH SNYDER)

(a) Residence: No. 2904 ERDMAN AVE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Earl H. Snyder

DATE OF BIRTH (month, day, year) Aug. 23. 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Henry Emmel

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Elizabeth Heimiller

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT Wm. Schneider (Son)

(Address) 2904 Erdman Ave.

BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date Feb. 7th 1935
Place

HENRY SANDER & SONS, INC.
UNDERTAKER

(Address) Baltimore & Broadway.

FILED FEB 7 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1935 to Feb. 4, 1935

I last saw her alive on Feb. 4, 1935 Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	2/2/35
Paralytic ileus	

Other contributory causes of importance:

Secondary Anemia	?

Name of operation Exploratory Laparotomy Date of 2-1-35

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital.

M. D. B. 1268-9 F 09337

F 09337

295 182

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Bryant

(a) Residence: No. 901 S Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 4/8/20

8. AGE: Years 14 | Months 8 5 | Days 23 28 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME Charles Bryant

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME Katherine Jones

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mt. Carmel Cemetery Feb. 5 1935

Place Date

19. UNDERTAKER: HENRY SANDER & SONS, INC. Henry Sander

(Address) Baltimore & Broadway.

20. FILED ... 19... Registrar.

2-5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1935 to Feb 1, 1935

I last saw h[illegible] alive on Feb 1, 1935 Death is said to have occurred on the date stated above, at 6 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	
Bacteremia Pneumococcus Type IX	1-26-35
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Myrtle Sugg Coons, M. D.

(Address) Johns Hopkins Hospital

F. D. B. 1268-9

F 09338

F 09338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 33 E Caswell Sts. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick R. Stintz

(a) Residence: No. 43 N. Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Frederick R Stintz

DATE OF BIRTH (month, day, year) July 11 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William F. Stintz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Volkland

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr Frederick R Stintz

(Address) 143 N Montford Ave

BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date Feb.5.1935

UNDERTAKER HENRY SANDER & SONS, INC. H. J. Sander

(Address) Baltimore & Broadway.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-30-35 . 19 ... to 2-2-35 . 19 ...

I last saw him alive on 2-2-35 . 19 . Death is said to have occurred on the date stated above, at 9 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Renal insufficiency 1331 C	1931
(b) uremia, secondary to 1332 V	
(c) renal calculi and 1342	
(d) pyonephrosis 1335 V1	

Other contributory causes of importance:

Diabetes mellitus 61	1930
Arteriosclerotic H.T. Disease 738	3 yrs.
Secondary Anemia	

Name of operation None Date of

What test confirmed diagnosis? NPN Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

F 09339

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09339

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2826 Christopher Ave. St., 19 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Keppler

(a) Residence: No. 1526 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 18 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Jacob Keppler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julianna Peterson

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Louis Keppler
(Address) 1526 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/5/35. 19...

UNDERTAKER Frederick A. Cole
(Address) 1200 W Lombard St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/10, 1933 to 1/25, 1935

I last saw h.e alive on 1/25, 1935 Death is said to have occurred on the date stated above, at 1.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial disease, arterio sclerotic type	(?)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) E. L. Bergeron M. D.

(Address) 1326 W Lombard St

F 09340

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09340

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital Balto. Md. 59 Registered No.

CITY OF BALTIMORE: (No. Fayette St., 70 Balto. Md. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George A. Sewell

(a) Residence: No. 1916 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Eva Mary Sewell

DATE OF BIRTH (month, day, year) March 27 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Andrew L. Sewell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Georgia Taylor

16. BIRTHPLACE (city or town) (State or country) Kentucky

INFORMANT Eva M Sewell

(Address) 1916 W. Fayette St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/6/35 19

UNDERTAKER Frederick A. Cole

(Address) 1900 W Lombard St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 1 - 26 1935 to 2 - 3 - 19

I last saw him alive on 2 - 3 1935 Death is said to have occurred on the date stated above, at 11 15 Am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel J. Shanahan M. D.

(Address) Bon Secours Hospital

M. D. P. 1268-9

09341 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 09341

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Rugby

(a) Residence: No. 1211 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Anna Rugby

DATE OF BIRTH (month, day, year) Sept 4 - 1702

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur - Ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

13. NAME Samuel Rugby

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Daisy Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Annie L Rugby

(Address) 1711 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Pikesville Date Feb 8 1935

19. UNDERTAKER George W. Zirkley

(Address) 1737 E Lafayette Ave

20. FILED 1935 [illegible] Registrar

B 5 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1934 to Feb. 4 1935

I last saw him alive on Feb. 4 1935 Death is said to have occurred on the date stated above, at 6 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid	1½ yrs
Extention to bladder	1 yr
Intestinal Obstruction	2 months

Other contributory causes of importance:

Malnutrition	3 wks
Cardiac failure	1 wk

Name of operation Exploratory Date of 7/12/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl P Dodd M. D.

(Address) St Agnes Hosp

M. D. B. 1268-9

9342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

W 09342

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Esther Pl St., The Ward)

Length of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Jane Saunders

(a) Residence: No. 3412 Esther Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Lawrence H Saunders

6. DATE OF BIRTH (month, day, year) March 14, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82 83	10	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Benton Bang

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Julia Legg

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Minerva Mone
(Address) 3412 Esther Place

18. BURIAL, CREMATION, OR REMOVAL
Place Fifth Reformed Cem Date Feb 6 1935

19. UNDERTAKER George W. Zimpler
(Address) 1737 E. Eager St.

20. FILED ..... 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1935 to Feb 3 1935

I last saw her alive on Feb 3 1935. Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Terminal Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lewis H. Gordinier M. D.

(Address) 3120 E. Baltimore St

M. D. P. 1268-9

F 09343

9343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109-N. Front Street St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET ELLA CARROLL

(a) Residence: No. 109-N. Front Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James Carroll

DATE OF BIRTH (month, day, year) Jan. 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Lawrence Leffere

(Address) 109-N. Front Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 2/7/35 19

UNDERTAKER [illegible]

(Address) 1735 Harford Ave.

FILED 2-5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1935 to Feb 1st 1935

I last saw her alive on Feb 1st 1935 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis L. Bagli M. D.

(Address) 1117 St. Paul St.

H. D. P. 1268-0

F 09344

9344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1908

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH — Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 18 (Ward)

Length of residenre in city (town) where death occurred ... yrs ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME — Catherine Shiflett

(a) Residence: No. 1018 Hollins St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: (or) WIFE of Castie Shiflett
7. DATE OF BIRTH (month, day, year): ?
AGE: Years 24; Months; Days; If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 2 03
11. Total time (years) spent in this occupation: Life
12. BIRTHPLACE (city or town) (State or country): Virginia
13. NAME: Thos Albert Alger
14. BIRTHPLACE (city or town) (State or country): Virginia
15. MAIDEN NAME: Josie ?
16. BIRTHPLACE (city or town) (State or country): Virginia
INFORMANT: Hosp Records
(Address)
BURIAL, CREMATION, OR REMOVAL: Sept 5, 1935
Place: Mt. Olivet
UNDERTAKER: Harry F. Witzke
(Address) 410 Edmondson ave.
Funeral Director or Embalmer
Registrar

FILED ... 19 ... 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5 '35
22. I HEREBY CERTIFY, That I attended deceased from Jan 15 '35 to Feb 5 '35
That I last saw her alive on Feb 5 '35, and that death is said to have occurred on the date stated above, at 2:30 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	1/10/35
Empyema, Right Pleuro Pneumococcal	1/23/35
Abscess, Chest wall	1/25/35
Other contributory causes of importance: Cyanosis, Acute	2/1/35

Name of operation: Thoracotomy Date of 1/31/35
What test confirmed diagnosis: Cultures Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
No
(Signed) Samuel H. Ford M. D.
(Address) Balto City Hospitals

M. D. B. 1268-9

F 09345

F 09345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Ashton Street. St., 20 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Smith

(a) Residence: No. 2221 Ashton Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes E. Smith

DATE OF BIRTH (month, day, year) Apr. 15-1900.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Cab Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Arthur F. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elsie Cavey

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs. Agnes E. Smith

(Address) 2221 Ashton Street.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 5 1935

UNDERTAKER George L. Lohmeyer

(Address) 210 Frederick Ave.

FILED 2-5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-1-35 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on Inquiry . 19 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
	Jan 1-35

Other contributory causes of importance:

accident	
Inquiry	Feb 2-35

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) state the following: Accident, suicide, or homicide? Accident Date of injury Feb 2 1935

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In garage - 2221 Ashton St

Manner of injury Car fell & jack slipped

Nature of injury Internal Chest & Abdominal injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Joseph L. Labarre M. D.
Coroner

(Address) 16 South Broadway

M. D. B. 1268-0

F 09346

09346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Byrd St. St., 24 Ward)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Davis

(a) Residence: No. 1708 Byrd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth E. Davis

DATE OF BIRTH (month, day, year) July 3 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Thomas Davis

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mrs. Elizabeth Davis
(Address) 1508 Byrd St.

17. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem. Date Feb. 7, 1935

UNDERTAKER Edw. McCulley
(Address) 130 E. Fort Ave.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4 1935

22. I HEREBY CERTIFY, That I attended deceased from January 28 1935 to Feb 4 1935

I last saw him alive on Feb 4 1935. Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Arterio-Sclerotic Cardio-Vascular-Renal Disease — Date of onset Uncertain

Other contributory causes of importance:

Bronchio-pneumonia — 2/1/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Walter Kohn, M. D.

(Address) 107 E. Fort Ave.

M. D. R. 1206 F 09347 Walter Stansbury ✓ F 09347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 N. Carey St. 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 6 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter Stansbury

(a) Residence: No. 1318 N. Carey St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lelia Stansbury

DATE OF BIRTH (month, day, year) Jan 8 - 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

13. NAME Stansbury

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Stansbury

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Lelia Stansbury

(Address) 1318 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Mem. Date Feb. 6, 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 S. Schroeder St.

20. FILED ... Registrar.

DC-1000 All

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 - 1935, to Feb 2 - 1935

I last saw h... alive on Feb. 2 - 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	Jan 15
Mitral Insuf.	7

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Typical pain Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Walter F. Gray M. D.

(Address) 631 W. Franklin

M. D. P. 12-35 F 09348

F 09348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. Balto St., 19th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Wright

(a) Residence: No. 916 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman Wright

7. DATE OF BIRTH (month, day, year) July 1, 1890

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward Dennis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Florence Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ethel Green

(Address) 916 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 7, 1935

19. UNDERTAKER Mrs. Katie R Williams

(Address) 322 N Schroeder St.

20. FILED Feb 8, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935 to Feb 4, 1935

I last saw her alive on Feb 4, 1935 Death is said to have occurred on the date stated above, at 3 A m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Hyper Thyroidism	5 yrs
Atheletosis (post operative)	3 da.

Other contributory causes of importance:

Name of operation Thyroidectomy Date of 2/1/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Tapler. M. D.

(Address) Univ. Hosp.

M. D. F 1268-9 F 09349 ✓ F 09349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 - Vincent St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Maggie Sparks Snell

(a) Residence: No. 1417 - Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of Carroll Snell

6. DATE OF BIRTH (month, day, year) Feb 31, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

MOTHER FATHER

13. NAME Henry Sparks

14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

15. MAIDEN NAME Elizabeth Ridgely

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Maryland

17. INFORMANT Carroll Sparks Snell
(Address) 1417 - Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Feb. 5, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 E. Schroeder St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2. 2. 35. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934 to Feb. 2, 1935

I last saw her alive on February 2 1935 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia	1.31.35
Pasthema	12.1.34
Heart failure	2.2.35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James M. Pair M. D.
(Address) 865 W. Lexington St.

H. D. B. 1268-9

F 09350

HEALTH DEPARTMENT—CITY OF BALTIMORE

9350

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nannie Fox

(a) Residence: No. 812 Sterling St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Bowler

DATE OF BIRTH (month, day, year) 3 31 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 yrs.	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home

10. Date deceased last worked at this occupation (month and year) 1037

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Jas. Fox

(Address) 812 Sterling St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 2-7-35 19

UNDERTAKER Chas. J. Colpoys & Returns

(Address) 3141 Eastern Ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31. 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/27. 1935. to 1/31. 1935

I last saw h.e.r alive on 1/31. 1935. Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arteriosclerotic Heart Disease	
Chronic Nephritis with Uremia	2 mos.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9 F 09351 ✓ F 09351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 S. Potomac St., 1 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John H. Kennedy

(a) Residence: No. 1109 S Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Brady Kennedy

7. DATE OF BIRTH (month, day, year) Mar. 17 - 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	55	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shuff - Defender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Lowell Mass

13. NAME Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Brady Kennedy
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb. 6 1935

19. UNDERTAKER Lilly & Zeilenga
(Address) 703 N Wolfe St.

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 1933 to Feb - 2 - 1935
I last saw h. in alive on Feb - 2 - 1935 Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 15-32

Other contributory causes of importance:

Angina Pectoris	Jan 1932

Name of operation —— Date of ...

What test confirmed diagnosis? —— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Nathan J. Davidson M. D.

(Address) 3228 Eastern Ave

M. D. B. 126 F 09352 ✓ F 09352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Foster Ave St., 36 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fredrick Schindhelm

(a) Residence: No. 3401 Foster Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Annie Schindhelm

7. DATE OF BIRTH (month, day, year) Feb 9 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. blacksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) ~~Balto Md~~

13. NAME OF FATHER John Schindhelm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fredrick Schindhelm (son)

(Address) 3401 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Hearts Date Feb 7 1935

19. UNDERTAKER Lilly Zeller

(Address) 4033 Gibbon St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Feb 4 1935

I last saw h... alive on Feb 4 1935. Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Feb 4	1935
Angina Pectoris	1930
Myocarditis & Hypertension	1930
Nephritis	1930

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so specify ...

(Signed) Howard Bratton M. D.

(Address) 3501 Fait Ave

M. D. B. F-09353 ✓ F 09353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 Eastern Ave St., 1 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J Hanratty

(a) Residence: No. 3123 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Louis (State or country) Mo

13. NAME Michael Hanratty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary J O'Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Marshall

(Address) 1838 Eastern ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 6 - 1935

UNDERTAKER Kelly & Zulker

(Address) 4132 Pennsylvania Ave.

FILED ..... 19..... ..... Registrar.

FEB 6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P L Kerwin M. D.
Coroner

(Address) 1305 Patterson Park

M. D. B 1265 F 09354

HEALTH DEPARTMENT—CITY OF BALTIMORE F 09354

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital, St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 2 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth C. Toland.

(a) Residence: No. 625 S. Clinton St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced (or) WIFE of Daniel Toland

DATE OF BIRTH (month, day, year) November 25, 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael Dolan.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Katherine --------

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Jerome Toland. (son)

(Address) 625 S. Clinton St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 7 1935

UNDERTAKER Lilly & Zeile Inc.

(Address) 403 E. Fayette St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

2/5/35 (Address) 1017 E. Charles St.

M. D. B 1268-9

✓ F 09355

09355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 137

Registered No.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Talbot S. Brown

(a) Residence: No. Centerlane St., Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brown

6. DATE OF BIRTH (month, day, year) June 1 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll County Md
(State or country)

13. NAME Charles Brown

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Elizabeth Hawes

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Irene Watt.
(Address) Centerlane

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Feb 8 1935

19. UNDERTAKER J. F. Cline & Son
(Address) Westminster Md

20. FILED Feb 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-22 1935, to 2-3 1935

I last saw him alive on 2-3 1935. Death is said to have occurred on the date stated above, at 12:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	
Urinary Retention	
Uremia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) E. E. Harris M. D.

(Address) Provident Hosp

M. D. B. 12-[illegible] F 09356 ✓ F 09356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 Boarman Av St., 15 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm J. Bryan Harris

(a) Residence: No. 2839 Boarman Av St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma V. Harris

6. DATE OF BIRTH (month, day, year) May 11, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Race Horse Trainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Joshua W. Harris

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maggie Wolcott

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Thelma V. Harris

(Address) 2839 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cemetery Date Feb 6, 35 19

19. UNDERTAKER D. H. Krause & Son

(Address) 1216 E Baltimore St

[illegible] 1935

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3 1935

22. I HEREBY CERTIFY, That I attended deceased from September 1934 to Feb 3 1935

I last saw h. alive on 2/3/ 1935 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary tuberculosis (Bilateral	September 1934
Othec contributory causes of importance:	
Myocardial Failure	January 1935

Name of operation none Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, oc in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease oc injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Miller M. D.

(Address) 1225 S. Charles St,

9

M. D. B 1268-9

✓ F 09357

9357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1184 Sargent St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shirley A. Miller

(a) Residence: No. 1184 Sargent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 4, 1935

8. AGE — Years: — | Months: — | Days: — | If LESS than 1 day 20 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William Miller Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary A. Ruff

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT W. Wm Miller Jr.

(Address) 1184 Sargent St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Mud Sch Date Feb 5 19 35

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

F - 1935 1100

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1935 to Feb. 5 1935

I last saw her alive on Feb. 4 1935. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
7 months	
Other contributory causes of importance:	
Exhaustion	2/4/35

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. W. Miller M. D.

2/5/35 (Address) 1644 Hallowell St.

M. D. B 1268-9

F 09358

09358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 13 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leuretta Jewett

(a) Residence: No. 2430 Francis St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Percy Jewett

DATE OF BIRTH (month, day, year) April 9 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	9	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Pulto
(State or country) Md

13. NAME Alfred V Wilson
Md

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Annie Madden

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Miss Nellie V. Jewett

(Address) 2430 Francis St.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Feb. 6, 1935

UNDERTAKER Thomas E. Kelson

(Address) 1303 Frestman St.

FILED ..... 19 ..... Registrar.

1935 APR 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ——— to ———, 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident	
Left Hemiplegia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. F. Herzog M. D.
Coroner

(Address) 1306 N Fulton Ave

M. D. P. 1268-9

09359 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09359

94-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 Sanford Pl St., 14 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice White

(a) Residence: No. 532 Sanford Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph F. White

6. DATE OF BIRTH (month, day, year): 1856

7. AGE: Years: 79 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): Feb 1 1935

11. Total time (years) spent in this occupation: Full

12. BIRTHPLACE (city or town) (State or country): Fredericksburg Va

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Roy Smith
(Address) 532 Sanford Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem'y Date 2/6 1935

19. UNDERTAKER: Thos. E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1935 to Feb 3 1935

I last saw her alive on Feb 3 1935 Death is said to have occurred on the date stated above, at 1145 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Feb 1 1935
Arteriosclerosis	Probably

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) [illegible] M. D.

(Address) 1537 Eager St

M. D. B. 1268-9

F 09360

09360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 W Mount St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Bertha Harper

(a) Residence: No. 609 W Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marshall

6. DATE OF BIRTH (month, day, year) Oct 7 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Nelson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mattie Dyson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Nelson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date Feb. 6 . 1935

19. UNDERTAKER Eugene E. Nelson
(Address) 1203 Eutaw Pl.

20. FILED ... 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 . 1935 to Feb 3 . 1935.

I last saw her alive on Feb 3 . 1935. Death is said to have occurred on the date stated above, at 8:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. Stewart M. D.

(Address) 704 W. Franklin St.

M. D. B. 1268-0

F 09361

HEALTH DEPARTMENT—CITY OF BALTIMORE

09361

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 N. Fremont ave St., 4th Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Hall

(a) Residence: No. 915 N. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hall

6. DATE OF BIRTH (month, day, year) Nov 13-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	21	20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) West River Md

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dorset Co.

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dorset Co.

17. INFORMANT Louis Hall (Address) 915 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Feb. 6 19 35

19. UNDERTAKER Thomas E. Kelso (Address) 1303 Pennsylvania Ave

20. FILED 1935 Feb 3 19 (Signature of Registrar) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 3 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1935 to Feby 3 1935

I last saw h alive on Feby 2 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 30 1935
Chr. Interstitial Nephritis	1933

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James Brown M. D.

(Address) 1663 W North Ave

M. D. B. 1268-9

09362

F 09362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 15 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Hood

(a) Residence: No. 131 Freestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Aa	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Hood

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Myers

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Hood (Address) 131 E Freestman St

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Lincoln Date Feb. 7, 1935

19. UNDERTAKER Thomas E. Kelson (Address) 1363 Freestman St.

Huntington Avenue

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-24 , 1935 , to 2-3 , 1935.

I last saw her alive on 2-3- , 1935 . Death is said to have occurred on the date stated above, at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-24-35
Other contributory causes of importance:	
Hypertension [redacted]	1-24-35

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin Blue Compto M. D.

(Address) Provident Hosp.

M. D. B. 1268-9

09363

F 09363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Appleton St., 15 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Inc. Eva Disney

(a) Residence: No. 1637 Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Oliver H. Disney

6. DATE OF BIRTH (month, day, year): Aug 27 1858

7. AGE — Years: 76 | Months: 5 6 | Days: 7 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harrisonville Maryland

13. NAME: William Chapman

14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME: Sue Ourster

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Oliver H. Disney

(Address) 1637 W. Appleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 7, 1935

19. UNDERTAKER: Joseph Suter

(Address) 1100 W. Saratoga

Filed 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1935, to Feb 4, 1935.

I last saw h.. alive on Feb 3, 1935. Death is said to have occurred on the date stated above, at 6.50 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	8 yrs
Cholelithiasis	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did Injury occur? No (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place —

Manner of Injury —

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H G Jones M. D.

(Address) 720 N. North Ave.

M. D. B 1268-9

F 09364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2534 Druid Lake Drive (Ward) 23

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME A. Elizabeth Finnell

(a) Residence: No. 2534 Druid Lake Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 7 - 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (Wrong)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse 1048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bentonville Virginia

13. NAME Reuben A. Finnell

14. BIRTHPLACE (city or town) (State or country) Front Royal Virginia

15. MAIDEN NAME Ann E. Stinson

16. BIRTHPLACE (city or town) (State or country) Bentonville Virginia

INFORMANT Reuben Finnell

(Address) Elkridge Maryland

BURIAL, CREMATION, OR REMOVAL

Place Front Royal Va Date Feb. 6 1935

UNDERTAKER Josiah Syfer

(Address) 2000 W. Saratoga St.

FILED #1935 ..... 193... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 4 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John Grosser Coroner M. D.

(Address) 2711 E. Baltimore St.

M. D. P. 1268-9

F 09365

F 09365 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-131

Registered No.

1. PLACE OF DEATH Good Shepherd General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510-14 N. Gilmore St., 4 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Innie Davis Gasaway

(a) Residence: No. 222 N. Carr St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A.A	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Gasaway

6. DATE OF BIRTH (month, day, year) 12/25/82

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	1	10	9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

13. NAME Thomas Davis

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

15. MAIDEN NAME Beckie Parker

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med School Date Feb 5, 1935

19. UNDERTAKER
(Address)

20. FILED Hunter for [illegible]

1935
1101

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/28, 1935, to 2/4, 1935.

I last saw her alive on 2/3, 1935. Death is said to have occurred on the date stated above, at 12:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Cerebral hemorrhage	2 mos
Sues	wk
Chr. nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? unk Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Carson C. Johnson, M. D.

(Address) 1032 Eutaw St

M. D. B 1268-9

✓ F 09366

09366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 40

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 S Morley St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Margaret M Lyons

(a) Residence: No. 147 S Morley St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Wh | 5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas F Lyons

6b. DATE OF BIRTH (month, day, year) July 4 1871

7. AGE Years 63 | Months 6 | Days 29 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME OF FATHER Patrick McNamara

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Nora Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas F Lyons

(Address) 147 Morley St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 2/6 1935

19. UNDERTAKER Eggerth Stanley

(Address) Fulton & Lafayette

19. FILED 2-6-1935 [illegible] Registrar.

6 RFN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1932 to Feb. 3 1935

I last saw h alive on June 24, 1934 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis.	
a. pulmonary	3 yrs
b. laryngeal	1 yr
Other contributory causes of importance: Diabetes mellitus	7 yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas A [illegible] M. D.

(Address) 1 E [illegible]

M. D. P. 1268-9

F 09367

HEALTH DEPARTMENT—CITY OF BALTIMORE

09367

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 S. Montford Ave St., 1 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Mary Fuchs

(a) Residence: No. 704 S. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Stephen Fuchs

6b. DATE OF BIRTH (month, day, year): [illegible] 1870

7. AGE: Years 65; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Czecho-Slovakia

13. NAME OF FATHER: Paul Liska

14. BIRTHPLACE (city or town) (State or country): Czecho Slovakia

15. MAIDEN NAME OF MOTHER: Mary Slifka

16. BIRTHPLACE (city or town) (State or country): Czech. Slovakia

17. INFORMANT: John Fuchs

(Address): 704 S. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date Feb. 7 1935

19. UNDERTAKER: Frank B. Richardson

(Address): 1906 Eastern Ave

20. FILED 2-6-1935 Huntington Ferris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Feb 4 1935

I last saw her alive on Feb 2 1935. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset [illegible]

Other contributory causes of importance:

Acute Myocarditis — Date of onset 2/2/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H B Litlow M. D.

2/6/35 (Address) 315 S. Highland Ave.

M. D. B 1268-9

✓ F 09368

F 09368 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 J - 107 a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Brown.

(a) Residence: No. 247 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo.

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensboro, Md.

13. NAME Alfred Chambers

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mandie Gray

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Feb 5 1935

19. UNDERTAKER Archibald E. Gaddis
(Address) 2101 Mc Culloh St

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/31 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 1/31 1935

I last saw her alive on 1/31 1935 Death is said to have occurred on the date stated above, at 10 45 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 6 days

Other contributory causes of importance:

over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

M. D. B. No. F 09369 ✓ F 09369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 Warren Ave St., 24 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William W Mc Kenney

(a) Residence: No. 411 Warren Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of: Susie E Mc Kenney

6. DATE OF BIRTH (month, day, year): March 22-1860

7. AGE: Years 74 | Months 10 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U S Printing Ink Co

10. Date deceased last worked at this occupation (month and year): Jan 1933

11. Total time (years) spent in this occupation: 33 00

12. BIRTHPLACE (city or town) (State or country): Washington D C

FATHER

13. NAME: Samuel Mc Kenney

14. BIRTHPLACE (city or town) (State or country): Washington D C

MOTHER

15. MAIDEN NAME: Marion

16. BIRTHPLACE (city or town) (State or country): Washington D C

17. INFORMANT: Jessie A. Mc Kenney
(Address) 411 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/6 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul Street

19a. FILED 2/6 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4. 1933 to Feb. 3rd 1935
that I last saw him alive on Feb 2nd 1935. Death is said to have occurred on the date stated above, at 3:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	several years
Other contributory causes of importance: Cerebral Hemorrhage	2 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19—

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) [illegible] M. D.

(Address) 304 E Cross St

M. D. B. (Rev.) F 09370 ✓ F 09370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 832 N. Eutaw St., 11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert St. John Pitt

(a) Residence: No. 832 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~: Unknown

6. DATE OF BIRTH (month, day, year): May 2nd 1876

7. AGE: Years 58 | Months 9 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dealer Art Mat'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Faris C. Pitt

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Henrietta Wood

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs John Davis

(Address): 106 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 7th 1935

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED 2-6-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934 to Feby 5 1935

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	2 years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] Patterson M. D.

(Address) 812 Hamilton Ave

M. D. B. F. 09371 ✓ F 09371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Brightwood St. 28 Ward)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice V. Biggs

(a) Residence: No. 3204 Brightwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or race: White

5. Single, Married, Widowed or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Richard Jr

6b. DATE OF BIRTH (month, day, year): July 15 1853

7. AGE: Years 81 | Months 5 6 | Days 19 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Penny J. W. Carter

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Amelia C. Hulse

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Alice V. Biggs

(Address) 3204 Brightwood

18. BURIAL, CREMATION, OR REMOVAL

Place: Loraine Date: 2/6 19 35

19. UNDERTAKER: Wellman Bros

(Address) 917 St Paul St

20. FILED: 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
H. Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Funk M. D.

Coroner

(Address) Loraine

M. D. F 09372 ✓ F 09372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 N. Fulton Ave 70 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel S. Middlemore

(a) Residence: No. 238 N. Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie Middlemore

6. DATE OF BIRTH (month, day, year) Jan 21st 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger Lodge

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Railway Express

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Middlemore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lydia Spedden

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Middleman
(Address) 238 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Feb 7th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Feb. 5th 1935

I last saw him alive on Feb. 4 1935 Death is said to have occurred on the date stated above, at 4:05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Cerebral Hemorrhage	Feb 1-35

Other contributory causes of importance:

Name of operation PE Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer L. Judd M. D.

(Address) 735 N. Fulton Ave

F 09373

109 ✓ F 09373

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 19

1 PLACE OF DEATH

County Balto City

Village or City 115 S Fulton ave (No. 115 S Fulton ave St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jessie Kelly Kelly — 9 yrs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: April 26th 1912 (Month) (Day) Year

7 AGE: 22 yrs. 9 mos. 21 da. If LESS than 1 day hrs. or min.?

8 OCCUPATION
a) Trade, profession or particular kind of work: Clerk
b) General nature of industry, business, or establishment in which employed or (employer): Drug store

9 BIRTHPLACE (State or country): Frederick Co. Md.

10 NAME OF FATHER: Jessie M. Kelly

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Umberger

13 BIRTHPLACE OF MOTHER (State or country): Frdk. Co. Md.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie M Kelly

(Address) 115 S. Fulton Ave

Filed 2-6-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 5th 1935 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 26 1935 to Feb 5 1935 that I last saw h[illegible] alive on Feb 5th 1935 and that death occured on the date stated above, at 4-25 A.M.

The CAUSE OF DEATH * was as follows:

Septic Pneumonia
10 days (Duration) yrs. mos. da.

Contributory Secondary: Carditis, mild clots
2 days (Duration) yrs. mos. da.

(Signed) C. J. Nuckols M.D.

Feb 5th 1935 (Address) 29 N. Carey St

(State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 9 yrs. mos. da. In the State Life mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Monrovia Md

DATE OF BURIAL: Feb 8 1935

20 UNDERTAKER: Geo L Beyer Jr

ADDRESS: 1512 Hollins St

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

F 09374 ✓ F 09374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-c

1. PLACE OF DEATH Mercy Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J. Bush

(a) Residence: No. 302 S. Stricker St., St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) Mary E. Bush 1864

6. DATE OF BIRTH (month, day, year) 7/25/1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70 74		6	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired R.R. worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Stone Chapel Cem Date Jul 9 . 35

19. UNDERTAKER Geo L Boyer Jr

(Address) 1512 Hollins St.

20. FILED 1935 . 19 ... Registrar

C-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/25/35 . 19 . to 2/5/35 . 19

I last saw h... alive on 2/5/35 , 19 . Death is said to have occurred on the date stated above, at 2 - P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	6 mos +
Intestinal Obstruction	2 wks.

Other contributory causes of importance:

Name of operation Cecostomy Date of 2/1/35

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond F. Hufford . M. D.

(Address) Mercy Hospital

F 09375 ✓ F 09375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3910 Maiware St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Hyman Brown

(a) Residence: No. 3910 Maiware St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mens Clothing

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob Brown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Myer Rudolph

(Address) 3910 Maiware

18. BURIAL, CREMATION, OR REMOVAL Place Sinai Date 2-6-35, 19

19. UNDERTAKER Chas. Levin Sons

(Address) 1439 E. Baltimore St.

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934, to Feb 3, 1935

I last saw him alive on Feb 3, 1935. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder — Date of onset Nov 1934

Other contributory causes of importance:

Myocardial failure

Name of operation Supra cystotomy & implantation of ureters — Date of Nov 1934

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry D Allenhouse, M. D.

(Address) 820 Med. Arts Bldg

M. D. P. F 09376 F 09376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No. Hebrew Home for Aged St. 22nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Moses Adalman

(a) Residence: No. Belvedere & Greenspring Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year): 1846

7. AGE: Years 89 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Re Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 68

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sig Stublatt

(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Hebrew Friendship Date 2-6-35 19

19. UNDERTAKER: Jacob Levin Sons

(Address) 2100 Eutaw Place.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-8, 1934, to 2-5, 1935

I last saw h[illegible] alive on 2-4, 1935. Death is said to have occurred on the date stated above, at 1 1 m.

The principal cause of death and related causes of importance were as follows:

Hyper. Pneumon — Date of onset: 6 days

Enlarged Heart

Pariatic Enlargement

Other contributory causes of importance:

Chr. Bronchitis

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Benjamin Kerpen, M. D.

(Address) Lemdale

M. D. P. 1268-A F 09377

F 09377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Wilson

(a) Residence: No. 1424 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) 12/25/75.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59.	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Damon ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wife above address.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date Feb 6th, 1935

19. UNDERTAKER Thos Edward Elliott

(Address) 1129 Caroline St.

FILED 2-6-1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/31, 1935 to 2/3, 1935

I last saw h. alive on 2/3, 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar pneumonia	7 days.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reese, M. D.

(Address) Balto. City Hosp.

M. D. B. 1268

F 09378

F 09378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3835 Falls Road) (13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Caufield.

(a) Residence: No. 3835 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth F. Caufield.

6. DATE OF BIRTH (month, day, year) June 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME James Caufield.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Margaret Cook.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Elizabeth F. Caufield.
(Address) 3835 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date Feb 7, 1935

19. UNDERTAKER Chisholm Son
(Address) 36 & 17 Eastern Ave

20. FILED Feb 9 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934 to Feb 4, 1935

I last saw h[illegible] alive on Feb 2, 1935. Death is said to have occurred on the date stated above, at 2:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/13/34
Cardiac Hypertrophy	
Hypertension, Endocrine disease	
Other contributory causes of importance:	
Myocardial failure	Jan 10 35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Frances A Gillis, M. D.

(Address) 900 N 37th Street

C O - 1035

M. D. F. 1268-9

F 09379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09378

F 09379.

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 5B Ward) 1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joyce Coursney (Joyce Elaine Coursey)

(a) Residence: No. 724 N. Barre St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 2, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	-	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Earl Coursey

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Schwartz

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Wm. Coursey
(Address) 724 N. Barre St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 8, 1935

19. UNDERTAKER Joseph Cook
(Address) 1003 E. Baltimore St.

FILED ... 19... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1935 to 2-5, 1935

I last saw her alive on 2-5, 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	1-24-35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) J. R. Adams M. D.

(Address) University Hosp.

M. D. P. 1268-9

F 09380

F09380 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N. Bradford St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Moore

(a) Residence: No. 522 N. Bradford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. Moore

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER FATHER

13. NAME Charles Palmer

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary Palmer

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Ruby Bailey St

(Address) 522 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 2-6th 1935

19. UNDERTAKER Brown & Manier E. Wright

(Address) 1281 McCulloh St

Permit for burial issued

FILED ... 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-3- 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-15- 1935, to 2-3- 1935

I last saw h.. alive on 2-1- 1935. Death is said to have occurred on the date stated above, at 8,30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-1-35

Other contributory causes of importance:

Valvulitis & Interstitial Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify

(Signed) Jno H Cargill M. D.

(Address) 611 N. Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09381 F 09381

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 So. Robinson Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Rosaline Deares

(a) Residence: No. 514 So. Robinson Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Deares

6. DATE OF BIRTH (month, day, year) Nov. 28, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	56	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Gantude

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barbara Gantude
(Address) 514 So. Robinson

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Cem. Date 2/7/35

19. UNDERTAKER G. F. Heyman & Son
(Address) 322 S. Broadway

FEB - 1935

20. FILED 19 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1935 to Feb 3 1935

I last saw h alive on Feb 2 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Senile	
Myocarditis	
Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Ingley M. D.

(Address) 2956 E. Balto.

M. D. B. 1268-9

F 09382

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09382

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 W. Mulberry St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chin B. Jung

(a) Residence: No. 211 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Lee How
(Address) 1811 Eldamont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date Feb 7, 1935

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ..... 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eugene Zellers, M. D.
Coroner

(Address) 2758 Eastern Ave

F 09383

F 09383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 847 Chino St

CITY OF BALTIMORE: (No. ..... St., 22 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mon. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Isaacs

(a) Residence: No. 847 Chino St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Isaacs

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Home 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac Isaacs

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Rawlings

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lottie Rayner

(Address) 829 Union St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/8/35, 19

19. UNDERTAKER Isaac E Brown & Son

(Address) 1510 Montgomery St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935, to Feb 4, 1935. I last saw h... alive on Feb 1, 1935. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	

Other contributory causes of importance:

Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. [illegible]

F 09384

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09384

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 W. Pratt St. St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Otto H. Wiechert

(a) Residence: No. 2534 W. Pratt St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth M. Wiechert

6. DATE OF BIRTH (month, day, year) Apr. 29-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kimbell Tyler Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edward F. Wiechert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis Wiechert

(Address) 2534 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Feb 6, 19 35

19. UNDERTAKER F. B. Rippert & Son

(Address) 1300 Eastern Ave.

20. FILED Feb 6, 1935 [illegible] Registrar

D C - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on Inquiry, 19 ..... Death is said to have occurred on the date stated above, at ? P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of Brain	Feb 2-35

Other contributory causes of importance:

Fall down Steps

Name of operation Inquiry Date Feb 3-35

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Accident Date of injury Feb 2, 1935

Where did injury occur? 2534 W. Pratt St. Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down Cellar Steps

Nature of injury Concussion of Brain

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Joseph L. Valentine M. D. M. D.
Coroner

(Address) 16 South Broadway

F 09385

F 09385

29514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No.) Johns Hopkins Hosp (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie D. Tolson (Carrie D. Tolson)

(a) Residence: No. 1906 Penrose ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard A. Tolson Sr

6. DATE OF BIRTH (month, day, year) 9-11-76

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 ~~59~~	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. T. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Delevie

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Anna Venar

16. BIRTHPLACE (city or town) (State or country) Conn Hartford

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Feb. 6 35

19. UNDERTAKER A. L. Tuckert & Son
(Address) 1210 Eutaw Place

20. FILED Feb 6 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1935 to Feb 3 1935

I last saw her alive on Feb 3 1935 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	1/29
Other contributory causes of importance: Diabetes mellitus	20 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carmichael Wilgus M. D.

(Address) Johns Hopkins Hospital

F 09386

M. D. B. 1203

F 09386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 N. FRANKLIN St. 20 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME MARY E. MACHEN

(a) Residence: No. 1918 N FRANKLIN St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. T. Machen

6. DATE OF BIRTH (month, day, year) Feb 21-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Tobacco MARYLAND

FATHER

13. NAME Elisha Wells

14. BIRTHPLACE (city or town) (State or country) ANNAPOLIS MARYLAND

MOTHER

15. MAIDEN NAME Anna Mary Richards

16. BIRTHPLACE (city or town) (State or country) WASHINGTON D.C.

17. INFORMANT Mrs. Van Buren Davis

(Address) 1918 N Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 7/35 19

19. UNDERTAKER J. B. Hepperd & Son

(Address) 1300 Eutaw Place

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1935 to Feb 4 1935

I last saw her alive on Feb 3 1935 Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Central Hemorrhage — Date of onset 1/28/35

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis — was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state why

(Signed) J. Kelly Hemming M. D.

(Address) 2000 Hollins St

Feb 7 1935

F. D. A. 1935-387

Frances L. Daily

F 09387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2156 Woodberry Ave Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances L. Daily

(a) Residence: No. 2156 Woodberry Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of William Daily

6. DATE OF BIRTH (month, day, year): Oct 27 - 1853

7. AGE: Years 81 | Months 3 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Co

13. NAME OF FATHER: ? - Price

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Seth Daily

(Address) 2156 Woodberry Ave

18. BURIAL, CREMATION, OR REMOVAL: Interment

Place Emmanuel Cem. Date Feb 7 35 19

19. UNDERTAKER: Albert M. Deregay

(Address) 4406 North Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-4- 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

I do hereby (Signed) John M. Hoffman M. D. Coroner

(Address) 3632 Roland Ave

M. D. B. 1268-9

F 09388

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09388

CERTIFICATE OF DEATH

193

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Louise Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily Ann Burkart

(a) Residence: No. 2804 Louise Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 11/1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lewis E. Burkart

14. BIRTHPLACE (city or town) (State or country) Monterey, Penna.

MOTHER

15. MAIDEN NAME Anna Sharpe

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Lewis E. Burkart
(Address) 2804 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 6 '35

19. UNDERTAKER Albert W Deegan
(Address) 440 E Monument St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on about 4 10 P.M. 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Electrocution — Date of onset

Other contributory causes of importance:

Name of operation ... Date of

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb 3/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home-contact made with floor stand electric lamp & hot water

Manner of injury ...

Nature of injury raditor

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. F 1268-9

09389 HEALTH DEPARTMENT—CITY OF BALTIMORE F 09389

80

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wyman Park Drive St., 20 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Sullivan

(a) Residence: No. 107 Hilton St., Catonsville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) April 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) January 1908

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Richard Sullivan

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT U.S.Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Feb. 7 1935

19. UNDERTAKER E. Leroy Stiller, Inc.
(Address) 1252 North Ave.

FILED FEB 6 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23 1923 to February 4 1935

I last saw him alive on February 4 1935. Death is said to have occurred on the date stated above, at 7:20a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes, dorsalis	1908
Myocarditis, chronic with congestive failure	unknown
Broncho pneumonia	2-3-35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. H. Gordon M. D.
(Address) U. S. Marine Hospital, Balto. Md.

M. D. B. 1268 F 09390 F 09390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4227 Park Heights Ave St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Mendel

(a) Residence: No. 4227 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl M.

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

PERSONAL PARTICULARS

13. NAME Morris Mendel

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Rebecca Brown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Herman Mendel

(Address) 4227 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rixdale Date Feb 6 19 35

19. UNDERTAKER J. Lerner Bro

(Address) 1137 E Fayette St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1934 to Feb 6 1935

I last saw him alive on Feb 5 1935 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	Aug 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James B. Wehrmacher M. D.

(Address) 4012 Park Heights ave

Spec.—8-16-29—L. F. S.—100 Blks.

F 09391

F 09391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Vine ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillian Lucille Holly

(a) RESIDENCE NO. 1835 Vine ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 21 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 15 1933

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	21/30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER John Estes

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Mildred Estes

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

Informant Mildred Estes

(Address) 1835 Vine

Filed 6 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/36

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to Feb 5, 1936, that I last saw h[illegible] alive on Feb 5, 1936 and that de th occurred, on the date stated above, at 6.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. McCard, M. D.

2/6, 1936 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn — DATE OF BURIAL Feb 6 1936

20 UNDERTAKER Samuel H Case Son — ADDRESS 638 N Gilmor

M. D. B. 1268-9

F 09392

09392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Hotchkiss

(a) Residence: No. Midland, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Hotchkiss

6. DATE OF BIRTH (month, day, year) Mar 13, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newburgh Va.

FATHER

13. NAME Daniel Shearer

14. BIRTHPLACE (city or town) (State or country) Newburgh Va.

MOTHER

15. MAIDEN NAME Roxanne Robertson

16. BIRTHPLACE (city or town) (State or country) Midland Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Allegany Co Md Date Feby 5 1935

19. UNDERTAKER John Gelnett
(Address) 200 E Lafayette Ave

20. FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-22-35 1935 to 2-6 1935

I last saw h[illegible] alive on 2-6 1935. Death is said to have occurred on the date stated above, at 7.[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis with Carcinoma of gall bladder	

Other contributory causes of importance: Biliary obstruction

Name of operation Cholecystostomy Date of 2-2-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Ludwig C. Dunley M. D.

(Address) 3 E Gen Hosp

M. D. B. 1268-9

09393

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09393

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5708 Belair Rd St., 27 Ward)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Feiler

(a) Residence: No. 5708 Belair Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Feiler

6. DATE OF BIRTH (month, day, year) April 3. 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Peter Kender

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Dont Teresa

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Peter Michael Feiler

(Address) 5708 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feby 8 1935

19. UNDERTAKER John Welsh

(Address) 2108 Edmondson Ave

20. FILED Feb 8 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1935, to Feb 5, 1935

I last saw her alive on Feb 5, 1935. Death is said to have occurred on the date stated above, at 9 50/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 2 1935

Other contributory causes of importance: —

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. S. Harding, M. D.

(Address) 4810 Belair Rd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

09394

CERTIFICATE OF DEATH

F 95394

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 W Fairmount St., 18 Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Winslow

(a) Residence: No. 1101 W Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gabriel Winslow

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) West River Md

FATHER

13. NAME John Hall

14. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

MOTHER

15. MAIDEN NAME Alice —

16. BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

17. INFORMANT Mary Winslow

(Address) 1101 Rabon

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 8, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St

20. FILED ... 19... ... Registrar.

Feb 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1934 to Feb 5, 1935

I last saw h... alive on Feb 0, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Dis Heart	
Jaundice	?

Other contributory causes of importance:

Pat Malig Oedema	?

No

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. J. Norwood M. D.

(Address) 1317 W Fayette St

M. D. F 1268-9

F 09395

09395 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 19 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Carrington Jones

(a) Residence: No. 1433 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	~~Married~~ Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Samuel Carrington

6. DATE OF BIRTH (month, day, year) 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	94			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Prince Co (State or country) Virginia

FATHER

13. NAME Marse Mathews

14. BIRTHPLACE (city or town) Prince Co (State or country) Virginia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) Prince Co. Va. (State or country)

17. INFORMANT Amanda Bryant

(Address) 1433 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 8, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 327 N. Schroeder St.

20. FILED 6 1935 Huntington ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1934, to Feb 4, 1935

I last saw he alive on Feb 4 1935. Death is said to have occurred on the date stated above, at 5:41 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	Dec 19 34
Other contributory causes of importance:	
Hypertension	Dec 1934
Chr. Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edgar B. LeCompte, M. D.

(Address) Provident Hosp

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

09396 F 09396

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Whatcoat St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Smith

(a) Residence: No. 807 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Georgiana Smith

6. DATE OF BIRTH (month, day, year): May 31-1863

7. AGE: Years 76; Months 8; Days 2 1; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wmsp Sta

13. NAME: Alison Smith

14. BIRTHPLACE (city or town) (State or country): S Car

15. MAIDEN NAME: Julia A. Face

16. BIRTHPLACE (city or town) (State or country): S Car

17. INFORMANT (Address): Georgiana Smith 807 Whatcoat St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Zion Date Feb. 9, 1935

19. UNDERTAKER (Address): Mrs Kate R. Williams 32 2 N. Schroeder St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 Days

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. D. Lamb Coroner, M. D.

(Address) Boro

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

09397 09397

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dolores Jones

(a) Residence: No. 734 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Katie Leopold

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bessie Smith
(Address) 734 George St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Feb. 6, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5- 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Broncho-pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Feller M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B. 1269-9

F 09398

09398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N. Calhoun St., 16 Ward)

Length of residence in city or town where death occurred 3 yrs. 33 mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles T Burkes

(a) Residence: No. 910 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Pearl Lewis
(Address) 910 W Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date Feb. 7, 1935

19. UNDERTAKER Mrs. Katie P. Williams
(Address) 322 N. Fremont St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/3/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/20/ 1935 to 2/3/ 1935

I last saw him alive on 2/1/ 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/20/ 35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. T. Bratton M. D.

(Address) 912 Fulton St

M. D. B 1268-9

F 09399

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09399

CERTIFICATE OF DEATH

Registered No. 171

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 W. Fulton St., 15 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fennie Wonderly

(a) Residence: No. 1537 W. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robt. Wonderly

6. DATE OF BIRTH (month, day, year): Feb 2 1893

7. AGE: Years 42 | Months 0 | Days 2 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: John Henry

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Robt C. Wonderly

(Address): 1537 W. Fulton

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cemetery Date: 2/7/35 19

19. UNDERTAKER: John O. Mitchell & Sons Inc.

(Address): 1900 Eutaw Place

FILED: 19 Registrar

1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19. Death is said to have occurred on the date stated above, at m.

The cause of death and related causes of importance are as follows: Surgery

1st & 2nd degree burns.

Duration of onset

Other contributory causes of importance: Shock, whole body, suicide, set self on fire

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Suicide Date of injury Feb 4 1935

Where did injury occur? 1537 W. Fulton St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home did not burn

Manner of injury: Set self on fire

Nature of injury: Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leek, M. D. Coroner

(Address)

M. D. R. 1268-9

F 09400

F 09400 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 N. Aisquith St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas W. Griffin

(a) Residence: No. 1818 N. Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret A. Griffin

6. DATE OF BIRTH (month, day, year) Nov. 29, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Cleaning Dep't

10. Date deceased last worked at this occupation (month, day, year) Jan 28 1935

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Richard L. Griffin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jesse Bell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Blanche E. Heimiller

(Address) 4436 Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 8 1935

19. UNDERTAKER Mr & Mrs John W. Teufel & Son

(Address) 801 N. Gaye St.

20. FILED 1935 Registrar.

FEB 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1935

22. I HEREBY CERTIFY, That I attended deceased from November 19 1934 to February 5th 1935

I last saw h[illegible] alive on February 5th 1935 Death is said to have occurred on the date stated above, at 9.10 a/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Interstitial Nephritis Uremia resulting in Coma (Uremia)	

Other contributory causes of importance:

Cardiac Hypertrophy

Name of operation Clinical Symptoms No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Amelia E Link M. D.

(Address) 1717 N. Carolina St.

M. D. B 1268-9

F 09401

F 09401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 140-107a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Szydlowski

(a) Residence: No. 514 S. Rose St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: June 7/1906

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	7	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Andrew Rose

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Lena Chilmski

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 7 . 19 35

19. UNDERTAKER John J. Weber

(Address) 401 S. Chester St

FILED ..... 19 ..... Registrar.

F 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 2/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h..... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	
Streptococcus Septicemia	1/28/35

Other contributory causes of importance:

Infected abortion- manner of induction unable to determine	
about Jan	13/35

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Rosen M. D.

Coroner

(Address) 508 E. North Ave

M. D. F. 09402

F 09402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4313 Springwood Ave 76 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anton Duchon

(a) Residence: No. 4313 Springwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minna Duchon

6. DATE OF BIRTH (month, day, year) Dec. 26-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 77	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Duchon

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Minna Duchon

(Address) 4313 Springwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Com't Date Feb. 7 '35

19. UNDERTAKER Wm. C. Miller & Son

(Address) 2334 Jefferson St.

20. FILED ..... 19 ..... Registrar

BT 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1934 to Feb 4 1935

I last saw him alive on Feb 4 1935. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	From 10 yrs
Gangrene (left foot)	1-25-35
Arteriosclerosis	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John W. Machen M. D.

(Address) 630 Belair Rd

M. D. B. No. F 09403

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09403

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John's Hopkin's Hosp. Ward 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara M. Davis

(a) Residence: No. 439 N. Patterson Pk. Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Davis

6. DATE OF BIRTH (month, day, year) May 12-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER'S FATHER

13. NAME Joseph L. Chason

14. BIRTHPLACE (city or town) (State or country) U. S.

15. MAIDEN NAME Isabella Mullen

16. BIRTHPLACE (city or town) (State or country) Balto. md.

17. INFORMANT Nonnie Davis

(Address) 439 N. Patterson Pk. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Elm. Date Feb. 7/35

19. UNDERTAKER Mrs. E. Miller & Son

(Address) 2334 Jefferson St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Hypertension etc.

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 506 Lombard

M. D. B. No. F 09404

F 09404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 210 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Brown

(a) Residence: No. Back River St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Hall Brown

6. DATE OF BIRTH (month, day, year) Sept. 10-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1936

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chicago (State or country) Ill.

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) Unk. (State or country)

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) Unk. (State or country)

17. INFORMANT Mrs. Frances Brown (Address) Back River

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet. Date Feb. 7 1935

19. UNDERTAKER John S. Connelly (Address) East Md.

20. FILED F 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-31 1935 to 2-5 1935

I last saw him alive on 2-5 1935 Death is said to have occurred on the date stated above, at 11:10 A m.

The principal cause of death and related causes of importance were as follows: Cerebral Thrombosis — Date of onset 12-27-34

Other contributory causes of importance: Broncho-Pneumonia — 2-4-35

Name of operation ... Date of ...

What test confirmed diagnosis? Usual signs Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. R. Adams M. D.

(Address) University Hosp.

M. D. B. 1268-9 F 09405

F 09405

HEALTH DEPARTMENT—CITY OF BALTIMORE

293602

53a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 26 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Kallies

(a) Residence: No. 4208 Belmar Ave St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/30/63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Christian Prosa.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna Maria Burkly

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Record
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date Feby 8-7 1935

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec-12- 1934 to Feb-5-th 1935.

I last saw her alive on Feb. 5th 1935 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tumor of Ovary
Pyelo Nephritis
Bacteremia due to
Salmonella Suipestifer
Salmonella

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital

M. D. No. E 09406

E 09406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. City Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Briscoe

(a) Residence: No. 515 Colvin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) Apr 12 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 55 56	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Jacob Beiser

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carrie T Briscoe

(Address) 223 N. Biddle St -

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Feb 7, 1935

19. UNDERTAKER Fnrs. Robert A. Elliott

(Address) 1129 Caroline St -

20. FILED Feb 7 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 1.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. O. Herzog M D, M. D.
Coroner

(Address) 1305 N Fulton Ave

2-7-1935

M. D. B. 1268-A F 09407 ✓ F 09407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Williams

(a) Residence: No. 1418 McCulloh st. St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward (Separated)

6. DATE OF BIRTH (month, day, year) Sept. 18, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Shank Boon

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary C. Smith

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Feb 8th, 1935

19. UNDERTAKER Wm. Robert Elliott
(Address) 1129 Caroline St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1934 to February 4, 1935

I last saw her alive on February 4, 1935 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Meyer W Jacobson, M. D.
(Address) Baltimore City Hospitals

M. D. B. Form 8

F 09408

Dr Smithson ✓ F 09408

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 S. Charles St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 46 yrs. ... mos. ... ds.

2. FULL NAME Benin Lodder

(a) Residence: No. 1020 S. Charles St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionary Prop Food

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Barney Dangansky (Address) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Feb 7 1935

19. UNDERTAKER Geo. Lowe (Address) 1939 E. Baltimore St.

20. FILED FEB 7 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5-35

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9th, 1934 to Feb. 6, 1935

I last saw h... alive on Feb. 6 1935 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Liver	Sept. 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I.A. Michelson, M. D.

(Address) 2230 Eutaw St.

M. D. F 09409 ✓ F 09409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hester E Harris

(a) Residence: No. 403 N Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George L Harris

6. DATE OF BIRTH (month, day, year) April 6/82

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Savage

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Alice Bridges

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillian Cole.

(Address) 403 N Stricker St

18. BURIAL, CREMATION, REMOVAL Funeral

Place Harristown Cemetery Date 1/8/35 19

19. UNDERTAKER A Halstead

(Address) 452 Lombard

20. FILED Jan 9 19 35 Registrar.

1-1935 Nat

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw b alive on , 19 Death is said to have occurred on the date stated above, at 7:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from 2nd & 3rd deg Burns of Neck & Arms Accidental	
Other contributory causes of importance: House not afire	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury Jan 29 19 35

Where did injury occur? 402 N Stricker
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Clothing caught fire

Nature of injury 2nd & 3rd deg Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B O Hargrove M. D.
Coroner

(Address) 1305 N Patterson Park

M. D. P. 1268-9 F 09410 ✓ F 09410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 11 Ward)

40-50 yr.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Janie Dawson.

(a) Residence: No. 1224 Mc Cullough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	?

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME William ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mary James
(Address) Same Address.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 2/7/ 1935

19. UNDERTAKER Frances A Hendley
(Address) 578 W. Biddle St.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/31 1935 to 2/5 1935

I last saw h[illegible] alive on 2/5 1935. Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 Days
Cerebral Hemorrhage	3 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Cates M. D.

(Address) Balto. City Hosp.

F 09411

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09411

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Mc Culloh St St., 11 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Johanna Curtis

(a) Residence: No. 1322 Mc Culloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Widowed

6. DATE OF BIRTH (month, day, year) May 28, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Calhoun

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Garrett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) George Kennard 1322 Mc Culloh St.

18. BURIAL, CREMATION, OR REMOVAL. Place National Cem Date 2/8, 1935

19. UNDERTAKER Frances A. Hemsley (Address) 578 W. Biddle St

20. FILED ..., 19.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 1934, to Feb 6, 1935

I last saw h alive on Feb 6, 1935 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	
Other contributory causes of importance: Arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Hamburger, M. D.

(Address) 1202 Dual Gilman

M. D. P. 1268-9

F 09412

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09412

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Princeton Pl St. 17 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joshua T. Scott

(a) Residence: No. 306 Princeton St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susan Scott

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Joseph Scott

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary L. Scott
(Address) 306 Princeton Pl.

18. BURIAL, CREMATION, OR REMOVAL
Place National Lawn Date 2/7/ 1935

19. UNDERTAKER Francis A. Bromley
(Address) 524 W. Biddle St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Fenton Coroner, M. D.

(Address) 7 Love Lane

M. D. B 1268-9 F 09413

F 09413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Springfield Ave St. 27 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hanie or Mary Brown

(a) Residence: No. 1000 Springfield Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew

6. DATE OF BIRTH (month, day, year) Aug 2, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlottesville, Va

FATHER

13. NAME Thomas Young

14. BIRTHPLACE (city or town) (State or country) Charlottesville, Va

MOTHER

15. MAIDEN NAME Maggie Walker

16. BIRTHPLACE (city or town) (State or country) Charlottesville Va

17. INFORMANT Andrew H. Brown

(Address) 1000 Springfield Ave

18. BURIAL, CREMATION OR REMOVAL

Place Mt Calvary Cem 2/7 19 35

19. UNDERTAKER Charles H. Burbett

(Address) 2200 Lanvale St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia- Burns over chest body	Jan 30

Other contributory causes of importance:

House not afire

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of Injury Jan 30/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Clothes caught fire while

Manner of injury putting paper in kitchen range in home

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) 508 Irvington Ave

M. D. B. No. F 09414 F 09414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-B

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME June Plowman

(a) Residence: No. 2643 Bernard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	2	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mr James Howard Plowman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Catherine Lenard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James H Plowman
(Address) 2643 Bernard St

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Hayden Date 2/8 19 35

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 2-7-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1935 to Feb 6, 1935

I last saw her alive on Feb 6, 1935. Death is said to have occurred on the date stated above, at 6.22 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Abscess	1-31-35
Intestinal Obstruction	2-1-35
Otitis media (Bilateral)	1-31-35

Name of operation Incision & drainage Enterostomy Date of 2-5-35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed) Mona L. Hulse, M. D.

(Address) Union Memorial Hosp.

M. D. B 1268-9

Lascuola

F 09415

F 09415 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 No Green St., 17 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Lascuola

(a) Residence: No. 410 No Green St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Biaggio LaScuola

6. DATE OF BIRTH (month, day, year) Sept 27-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 60-?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Rosario Serio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Visera Sholma

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Lascuola

(Address) 3708 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Date 2/8/35 19

19. UNDERTAKER William Cook

(Address) 1317 St Paul St.

20. FILED FEB 7 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 5, 1935.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Feby 5	36

Other contributory causes of importance:

Cerebro-Sclerosis

Name of operation None Date of ... Feby 6 35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Broadway

M. D. B. 1565-9

F 09416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09416

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Conklin Club

CITY OF BALTIMORE: (No.) Conklin and O'Donnell Sts (Street) (Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry McClintock

(a) Residence: No. 421 Harford Terrace St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes McClintock

6. DATE OF BIRTH (month, day, year): March 17 1874

7. AGE: Years 60; Months 10; Days 19; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boilermaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel

10. Date deceased last worked at this occupation (month and year): Dec 31, 1933

11. Total time (years) spent in this occupation: 1/12

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

FATHER

13. NAME: George W. McClintock

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

MOTHER

15. MAIDEN NAME: Jane Kyle

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): H. M. Hopwood 411 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Carmel Date 7/8/35

19. UNDERTAKER (Address): W. M. Cook 1217 E. Fayette St

20. FILED ... 19... Registrar.

B 7 - 1935 - 1000

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Herzog M.D. M. D.

Coroner

(Address) 1305 N. Patterson Park Ave

M. D. F. 09417 F 09417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH Union Memorial Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Sherman

(a) Residence: No. 3104 Chestnut Ave St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Sept 13, 1933

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1 yr	5 mo.	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Thomas George Sherman

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Miss Violet Welk

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Thomas G. Sherman
(Address) 3104 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Hayden Date 2/7 19 35

19. UNDERTAKER Williams Coyle
(Address) 247 St Paul Street

20. FILED ..... No. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29 . 1935 to Feb 5, . 1935
I last saw him alive on Feb 5 . 1935 Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	~~2-2-35~~ 1-31-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Marcus L Heslet M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

F 09418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09418

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 N. Caroline St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas S Royston

(a) Residence: No. 1808 N Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Lula Royston

6. DATE OF BIRTH (month, day, year) March 1, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Ry

10. Date deceased last worked at this occupation (month and year) Feb 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME John M Royston

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

MOTHER

15. MAIDEN NAME Sarah E Mayes

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Lula Royston

(Address) 1808 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 9 1935

19. UNDERTAKER J W Cole & Son

(Address) 1812 Madison Ave

20. FILED Feb 9, 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1935, to Feb 6, 1935

I last saw him alive on Feb 5, 1935. Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/3/35
Arteriosclerosis	
Hypostatic Pneumonia	

Other contributory causes of importance:

Myocardial Insuff.

Name of operation none Date of .....

What test confirmed diagnosis? Consult Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. M. Rowe, M. D.

(Address) 1812 Madison Ave

M. D. R. 1268-9 F 09419 F 09419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 10 Ward)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose G. McCabe

(a) Residence: No. 1216 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. McCabe.

6. DATE OF BIRTH (month, day, year) Oct 6/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown Mary Conroy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. McCabe

(Address) 1216 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb. 8, 1935

19. UNDERTAKER John F. Mann

(Address) 3000 E. Balto St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns over buttocks, thighs and back	Jan 26/
Hemorrhage	

Other contributory causes of importance:

Toxemia etc	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 25/35

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place clothes caught from egg stove

Manner of injury in kitchen of home

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. S. Gaver M. D.
Coroner

(Address) 1128 E. Balto St.

FEB 7 1935

Spec.—2-29-28—L. F. S.—500 Blks.

F 09420 HEALTH DEPARTMENT—CITY OF BALTIMORE F 09420

CERTIFICATE OF DEATH

H6-B

1—PLACE OF DEATH Good Shepherd General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 1510-14 Gilmor ST., 14 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wade Jones

(a) RESIDENCE NO. 1620 Druid Hill Ave WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	A. A	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Bulah Jones

6 DATE OF BIRTH (month, day, and year) 6/19/1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	7	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter 0090

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Dep. of Hospitals

9 BIRTHPLACE (city or town) Lancaster
(State or country) Virginia

PARENTS

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER (city or town) Lancaster
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Lavinia Jones

13 BIRTHPLACE OF MOTHER (city or town) Lancaster
(State or country) Virginia

14 Informant Bulah Jones
(Address) 1539 N. Stricker St

15 Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/6/35

17 I HEREBY CERTIFY, That I attended deceased from 1/21, 1935, to 2/6, 1935, that I last saw him alive on 2/5, 1935, and that death occurred, on the date stated above, at 1:20 A. m.

The CAUSE OF DEATH* was as follows:

Malignancy of G. I. tract
(Gastric Carcinoma)
(duration) yrs. 3 mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unk

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson C. Johnson, M. D.

, 19 (Address) 632 Baker Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 2/9 1935

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

F 09421

F 09421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 548

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie Johnson

(a) Residence: No. 1118 E Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Johnson

6. DATE OF BIRTH (month, day, year) Aug 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Adam Raemer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Glenn

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George Roeyner

(Address) Windsor Mill Rd Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Feb 8, 1935

19. UNDERTAKER Geo Schilling & Sons

(Address) 1124 Eutaw Pl

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 830a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, how? ...

(Signed) C. C. Herzog MD M. D.

Coroner

(Address) 1305 N Patterson Park Av

M. D. P. 1768-9

09422

HEALTH DEPARTMENT—CITY OF BALTIMORE

09422

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Hemmen ave Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Grzeczka

(a) Residence: No. 2200 Hemman ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Sept 14 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Grzeczka

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Grzeczka

(Address) 3610 E Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Feb 8 1937

19. UNDERTAKER Martin McDuffel

(Address) 37 E Lanvale St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1937 to Feb 5 1937

I last saw him alive on Feb 5 1937. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs
Other contributory causes of importance: Cerebral Hemorrhage	9 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Leo Heller M. D.

(Address) 1937 Gough St

M. D. B. 1268-P

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09423 F 09423

CERTIFICATE OF DEATH

✓ 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1923 W. Baltimore St. St. 26-3 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georg Lang

(a) Residence: No. 1923 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Barbara Lang

6. DATE OF BIRTH (month, day, year) February 24, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Aug. 1906

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME J. Balthaser Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Kessler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles H. Lang
(Address) 116 S. Calverton Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Feb. 8 . 19 35

19. UNDERTAKER Joseph H. Cook
(Address) 1003 E. Baltimore St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5 . 19 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 - . 19 34 to Feb 4 - . 19 35

I last saw him alive on Feb 4 - . 19 35 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency —	?
Senile Asthenia	?
Arteriosclerosis.	?

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

2/5/35 (Signed) I. Hellis Hennig M. D.
(Address) 2000 Hollins St.

M. D. H. 1268-0

09424 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 09424

CERTIFICATE OF DEATH 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3514 Cliftonave St., 15th Ward)

Length of residence in city or town where death occurred 66 yrs. 6 mos. 16 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Mr Edward A. Allen

(a) Residence: No. 3514 Clifton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lillian R. Allen

6. DATE OF BIRTH (month, day, year) July 19 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jas R. Allen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ina A. Cormis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Harold A. Allen Son

18. BURIAL, CREMATION, OR REMOVAL Lorraine Park Cemetery Date Feb 8 1935

19. UNDERTAKER Chas. G. Black (Address) 742 N Fulton ave

20. FEB 7 - 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1935 to Feb 5 1935

I last saw h[illegible] alive on Feb 5 1935 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Aortic Stenosis	
Other contributory causes of importance: Influenza Cold	2 mo

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify John H. Evans

(Signed) 612 W 40 St M. D.

(Address) Baltimore

M. D. P. 1768-9 F 09425

29456 F 09425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 25

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvin Jaskins Fox

(a) Residence: No. 705 N Carey St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/31/13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Oliver Fox

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Blanche Gaskins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Oct. 9 1935

19. UNDERTAKER Jesse W. Reeder
(Address) 1436 W. Baltimore St.

20. FILED Oct 9 1935
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1934 to Feb 5 1935

I last saw him alive on Feb 5 1935 Death is said to have occurred on the date stated above, at 4:05 p m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Disseminated tbc.	2 wks.
Tbc. pericarditis	8 wks.
Tbc. meningitis	2 wks.
Tbc. genitalia	6 wks.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Carmichael City Chemist M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 09426

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09426

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3221 McElderry St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J Millet

(a) Residence: No. 3221 McElderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Oct 9. 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	3	25 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Radio Service Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Block & Deleton

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Millet

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Rauber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Millet

(Address) 3221 McElderry St

18. BURIAL, CREMATION, OR REMOVAL St. Matthews Cemetery Date 2/7/35 19

19. UNDERTAKER Geo H Lambath

(Address) 520 N Eutaw St

20. FILED FEB 7 - 1935 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 4 1935

22. I HEREBY CERTIFY, That I attended deceased (from Jan 1 1934 to Feb 4 1935

Last saw him alive on Feb 4 1935 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Trouble	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J Rogers M. D.

(Address) 801 Cathedral

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 09427

F 09427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Murphy

(a) Residence: No. St. Thomas Lane, Owings Mills Md Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Mary

6. DATE OF BIRTH (month, day, year) Mar 25/187[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as grinner, sawyer, bookkeeper, etc. Retired Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) 8/[illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Cray Rock, Md.

FATHER

13. NAME Michael Murphy

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Margaret Barron

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

17. INFORMANT Anna Mary Murphy
(Address) Owings Mills Md.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 2/[illegible] 19[illegible]

19. UNDERTAKER Frank H. Neuerd
(Address) Pikesville Md.

20. FILED ... 19 ... Registrar

B[illegible] 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at Lidnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured ribs-punctured lung	Feb 3

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb 3/35
Where did injury occur? Balto Co., Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place fell from porch of residence &
Manner of injury struck iron pump while
Nature of injury cleaning snow from porch

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Carman M. D.
Coroner
(Address) 508 Eutaw

F 09428

S. D. P. 12512

F 09428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Abbottston St., 9 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard B. Saneswald

(a) Residence: No. 1601 Abbottston St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillian Saneswald

6. DATE OF BIRTH (month, day, year) March 15 - 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Saneswald

14. BIRTHPLACE (city or town) (State or country) not Known

MOTHER

15. MAIDEN NAME Rosa B. Wolf

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary T. Kelly

(Address) 7618 Ellsworth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Feb. 9 1935

19. UNDERTAKER Henry Hoelzer & Sons Inc

(Address) 321 E. Eager St.

20. FILED Feb 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19th 1935 to Feb 6th 1935

I last saw h[illegible] alive on Feb 6 1935 Death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (double) — Date of onset [illegible]

Other contributory causes of importance:

La Grippe — Feb 1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John D. Teich M. D.

(Address) 936 S. Monument St

M. D. B. 1268-9

✓ F 09429

F 09429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-ai

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 516 S. Bond Street St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Pavlicki

(a) Residence: No. 1727 Bank Street St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 27, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none ever

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Leon Pavlicki

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Agnes Waikiewicz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mother
(Address) 516 S. Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Feb 8 1935

19. UNDERTAKER John M Welsh
(Address) 421 S. Hanover St

Registrar.

20. FILED Feb 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1935 to Feb. 6 1935
I last saw h[illegible] alive on Feb. 6 1935. Death is said to have occurred on the date stated above, at 11,30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchio - pneumonia

Date of onset

Other contributory causes of importance:

acute myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas. S. Herold Jr. M. D.

(Address) 1230 Linden Ave.

F-1935

M. D. F 09430

F 09430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (Hospital or Institution) Hebrew Memorial Hospital (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Julia D Sears

(a) Residence: No. 2741 Guilford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E Sears

6. DATE OF BIRTH (month, day, year) June 20-1809

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George E Ducker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Sanders

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Julian D Sears

(Address) Washington D C

18. BURIAL, CREMATION, OR REMOVAL

Place Monument Date Feb 7th 19 30

19. UNDERTAKER F. B. Tepper & Son

(Address) 1300 Eutaw Place

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5, 19 30

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Wm J Mayrisseau M. D.

Coroner

(Address) 1612 Roland Ave

F 09431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. F 09431

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1824 Dover St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph J. Christie
(a) Residence: No. 1824 Dover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) March 3rd 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	11	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Joseph Christie
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Catherine McCabe
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Victoria Collins
(Address) 1824 Dover st

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 8th 1935

19. UNDERTAKER A. J. Jones
(Address) 111 S. Wilson st

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 5 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . Death is said to have occurred on the date stated above, at A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 3-35

Other contributory causes of importance:

none	

Name of operation None Date of Feb 6-35

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No (If so, specify)
(Signed) Jos L. Valentine M. D.
(Address) 16 S Paca Attending Physician

M. D. P. 1268 F 09432 ✓ F 09432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2756 Wilkins Ave St., 70 Ward)

Length of residence in city or town where death occurred 40 yrs. . mos. . ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elizabeth McGarry.

(a) Residence: No. 2756 Wilkins ave St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of James McGarry.

6. DATE OF BIRTH (month, day, year) March 25-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	10	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mitchell Carlton

14. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER

15. MAIDEN NAME Isabel Spaulding

16. BIRTHPLACE (city or town) (State or country) Towanda Pa.

17. INFORMANT Mary E. Greenfield

(Address) 208 Clyden, Lansdowne, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 8 the 1935

19. UNDERTAKER A. Jones

(Address) 111 S. Gilmor st

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 5 - 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1 - 1935 to February 5 - 1935

I last saw her alive on February 4 - 1935. Death is said to have occurred on the date stated above, at 2:00 Am.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 2-1-35

Other contributory causes of importance:

Influenza. — 1-29-35

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Riland M. D.

(Address) 2532 Edmondson ave.

M. D. F 1268-9

F 09433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09433

93-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Fred Kormann

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/4/57.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Christ Kormann.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Eliz Bentz.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records Both.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Feb 8, 1935

19. UNDERTAKER Selby & Zeile Inc

(Address) 423 W. Fayette St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/31, 1934 to 2/4, 1935.

I last saw h alive on 2/4, 1935. Death is said to have occurred on the date stated above, at 7 30/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 mo.
Congestive failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto. City Hosp.

See instructions on back of certificate.

M. H. B. 1268-9

F 09434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09434

CERTIFICATE OF DEATH

82-a

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. St., Ward)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Miss Annie L. Fitzpatrick.

(a) Residence: No. 1921 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Sept. 6, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) --- Canada

FATHER

13. NAME Bernard Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) --- Ireland

MOTHER

15. MAIDEN NAME Honora Driscoll

16. BIRTHPLACE (city or town) (State or country) --- Ireland

17. INFORMANT Mrs. Margaret M. Murphy

(Address) 1921 Harlem Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 2/8 35

19. UNDERTAKER Henry U. Mears & Son

(Address) 505 N. Calvert St.

20. FILED 2-8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 6 - 1935

22. I HEREBY CERTIFY. That I attended deceased from 2, 2, 35, 1935 to Feb 6, 1935

I last saw h-- alive on Feb 6, 1935. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Dr. F. Healy

(Address) St Agnes Hospital

F 09435

M. D. B. 1268-9

F 09435 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5501 Alban Ave. 27 Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna C. Lang

(a) Residence: No. 5501 Alban Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John H Lang.

6. DATE OF BIRTH (month, day, year) April 4/1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roma.

FATHER

13. NAME Geo. Kocher

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Barbara Harbour

16. BIRTHPLACE (city or town) (State or country) Roma.

17. INFORMANT (Address) Joseph Bauhaus 5501 Alban Ave

18. BURIAL, CREMATION, OR REMOVAL Place Morrison & Mt. Date Feby. 8th, 1935

19. UNDERTAKER (Address) Geo M Emick Son 811 Dolphin St

20. FILED 7-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to 2/5/35, 19..... Death is said I last saw h.. alive on ....., 19..... to have occurred on the date stated above, at 4 10 P. m.

The principal cause of death and related causes of importance were as follows:

Arteria - sclerosis.
Chronic Myocarditis
(Contact)

Date of onset

Other contributory causes of importance;

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Rev. Dr. Falling M. D.

(Address) 5103 Harford Ave

AACo. 5-31 250M

F 09436 ✓ F 09436

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 Cedarcroft Road St., 27 Ward)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Edwin Arthur Hampson

(a) Residence: No. 208 Cedarcroft Road St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annabelle C. Hampson

6. DATE OF BIRTH (month, day, year) Dec. 30, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	69	1	6	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edwin A. Hampson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ann Price

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. William J. Culp

(Address) 208 Cedarcroft Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Feb. 8 19 35

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED 7-1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1935 to Feb. 5, 1935

I last saw him alive on July 2, 1935 death is said to have occurred on the date stated above, at 6.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/5/35

Other contributory causes of importance:

Arterial Sclerosis & Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jno. J. Pillsbury, M. D.

(Address) 415 Cedarcroft Rd.

F. 09436 — See instructions on back of certificate.

M. D. B 1268-9

F 09437 ✓ F 09437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 610 W. Lanvale St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Deal.

(a) Residence: No. 610 W. Lanvale St., Ward.

(Usual place of abode.) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1884 Jan 26

7. AGE: Years 50 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Violette Deal

(Address): 610 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place: [illegible] Date: Feb 7 19 35

19. UNDERTAKER

(Address)

20. FILED ... 19 ...

Registrar.

F 1935 1103

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 30th 19 36

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) P. E. Link Coroner, M. D.

(Address) Coroner

M. D. B 1268-9

F 09438

F 09438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine E. Miner

(a) Residence: No. 409 N. Vincent St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	About 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Records
(Address) Southwestern Police Sta.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Med Cem Date Feb 7th, 1935

19. UNDERTAKER
(Address)

20. Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-2-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on Inquiry . 19 . Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo Cardal Insufficiency	

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Jeff E. Valentine D. M. D.
Coroner

(Address) 16 South Broadway

M. D. B. 1268-9

7.09439 ✓ 7.09439 :

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Good Shepherd Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1340 Whalcott St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie W Holt

(a) Residence: No. 1340 Whalcott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Holt

6. DATE OF BIRTH (month, day, year) Mar 7th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) St Mary's Co.

MOTHER

15. MAIDEN NAME Nellie Cole

16. BIRTHPLACE (city or town) (State or country) St Mary's Co

17. INFORMANT John Holt (Address) 1340 Whalcott St.

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Date 2/9/35

19. UNDERTAKER Thomas E. Griffith (Address) Forest Park

20. FILED 2-10-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1935 to February 6, 1935 Last saw h[illegible] alive on February 8, 1935 Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis Chronic Interstitial Nephritis Uraemia	2-1

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Charles S. Woodland, M. D.

(Address) 811 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 09440

09440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead on arrival

CITY OF BALTIMORE: (No. Hopkins Hospital St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cora Jackson

(a) Residence: No. 1920 Hennemann Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	????

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Feb 7 1935

19. UNDERTAKER Commissioner Health
(Address)

20. Filed ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

General Debility
Probable exposure and lack of food & care

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Calvert, M. D.
Coroner

(Address) 708 E Monument

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09441

09441

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1121 Madison St., Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Whitby

(a) Residence: No. 1121 Madison Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years 37 Months Days If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Watkins
(Address) 1121 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery Date Feb 7th, 1935

19. UNDERTAKER Archibald P. Gaddis
(Address) 1101 N. Eutaw St.

20. FILED 2-7-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 m. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Influenza 5 days

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leik, M. D.
Coroner

(Address)

M. D. H. 1268-9

09442

F 09442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3505 Springdale Ave St., 15 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth S. Newcomer

(a) Residence: No. 3505 Springdale Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob L. Newcomer

6. DATE OF BIRTH (month, day, year) Oct. 1. 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Stephenson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Gaw

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT George S. Newcomer
(Address) 16 W. Franklin St.

18. BURIAL, CREMATION, REMOVAL
Place Hagerstown Md Date Feby 8 19 35

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 2-1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 5. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from January 20 19 35 to February 5 19 35

I last saw h. alive on February 4 19 35 Death is said to have occurred on the date stated above, at 7 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	1/20/35
Artero-sclerosis	1930
Chronic Interstitial Nephritis	1930
Other contributory causes of importance:	
Myocardial insufficiency	1935

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert F. Stillman M. D.

(Address) 6 E. Biddle St.

See instructions on back of certificate. IT IS VERY IMPORTANT.

M. D. H. 1268-9

F 09443

F 09443 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 W MULBERRY St. 9th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ELLA F DONNAHAW

(a) Residence: No. 1805 W MULBERRY St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 11 - 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Missionary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in U. S. A.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Richard H. Donnahaw

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Anna Clondis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Julia V. C. Donnahaw
(Address) 1805 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cmty Date Feb. 9 1935

19. UNDERTAKER George L. J. Schmidt
(Address) 2101 Pennsylvania Ave

20. FILED 7-1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEBY 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3 1935 to July 6 1935

I last saw her alive on July 6 1935 Death is said to have occurred on the date stated above, at 3 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
APOPLEXY	2/3/35
CHR MYOCARDITIS	1934
Other contributory causes of importance:	
ARTERIOR SCLEROSIS	1934

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas H Lautier M. D.

(Address) 3013 St Paul St

M. D. B 1268-9

F 09444

F 09444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred A. Eckels

(a) Residence: No. 2129 Wilkens Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Eckels

6. DATE OF BIRTH (month, day, year) July 5 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm. Eckels

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret Esterley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 8 1935

19. UNDERTAKER J. Vernon Keehner
(Address) 1532 Hollins St

20. FILED ... 19... [illegible] Registrar.

2-8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-6-1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal obstruction	2/1/35

Other contributory causes of importance:

Hernia - Left inguinal

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Eugene Feller Coroner M. D.

(Address) 739 E Fayette St

OCCUPATIONS IS very important. See instructions on back of certificate.

M. D. B 1208

F 09445

2947 F/09445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X✓47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 22 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Taylor

(a) Residence: No. Red Lion - Pa - St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/17/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming (Retired) 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa -

FATHER

13. NAME Zachariah Taylor

14. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Pa -

17. INFORMANT Friends -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Red Lion Pa.

Place Redstone Pa Date 2/9/35 19

19. UNDERTAKER Jas B. Cook

(Address) 1603 W. Balto st.

20. FILED 19 Registrar.

FEB 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to Feb 7 1935

that I last saw him alive on Feb 7 1935 Death is said to have occurred on the date stated above, at 5-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung with Generalized Metastases	?
Pyelonephritis, chr.	5 yrs?

Other contributory causes of importance:

Nephrolithiasis, Left	?
Contracture of Vesical Orifice	2 yrs?

Name of operation O Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 09446 F 09446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey Thomas Shellman

(a) Residence: No. Hanover, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/12/1917.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	8	262	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. former

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 2/1/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanover (State or country) Md.

FATHER

13. NAME Thomas Shellman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Underkoffler

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Hospital Records. (Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross (Brooklyn Md) Date Feb 9th 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-1935

22. I HEREBY CERTIFY, That I attended deceased from 2/3/35, 19 ... to 2/7/35, 19 ...

I last saw him alive on 2/7/35, 19 ... Death is said to have occurred on the date stated above, at 6-15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Right Inguinal hernia & gangrene of intestines	2/2/35
Other contributory causes of importance; Paralytic ileus	2/3/35

Name of operation Resection of intestines & Lateral anastomosis Date of 2/3/35

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Raymond F. Fulperick, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1205-3

F 09447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09447

CERTIFICATE OF DEATH

15

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhaven Hospital Ward)

Length of residence in city or town where death occurred 1yr. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma Stone

(a) Residence: No. 1235 N. Eugene Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3rd 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Woolworth

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year) Dec 30th 1935

11. Total time (years) spent in this occupation 4 mo.

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph P. Stone

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Pearl Graves

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Joseph P. Stone

(Address) 1235 N. Eugene Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 8th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19.... ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1935 to Feb 7 1935

I last saw h alive on Feb 7 1935 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

Ideopathic Erysipelas — Date of onset 1/31/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert E. Bozorad M. D.

(Address) Lyndenhaven Hospital

M. D. B. 1268-9

F 09448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09448

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4303 Belvieu (Ward) 28

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry G. Walter

(a) Residence: No. 4303 Belvieu Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E. Walter

6. DATE OF BIRTH (month, day, year) Oct 4-86

7. AGE Years 71 | Months 3 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry E. Walter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anne E. Zeigler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Robert Jr. Walter

(Address) 2051 Rugby

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 9th 1938

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 8 1938 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1938

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Cirrhosis of Liver

Date of onset
Chronic
Chronic

Other contributory causes of importance:

Name of operation Appendectomy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. [illegible]-9 F 09449

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09449

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2299 N Read St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth H. [illegible] Roeder

(a) Residence: No. 2299 N Read St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~ widowed, or ~~divorced~~
~~HUSBAND OF~~ (or) WIFE OF Late Charles E Roeder

6. DATE OF BIRTH (month, day, year) Nov 14 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles E Roeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Erdmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT E R Roeder
(Address) 2299 N Read St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 9 1935

19. UNDERTAKER Geo Plenty & Co
(Address) Edward R Collins

20. FILED Feb 11 1935 [illegible] Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Feb 7 1935

I last saw h[illegible] alive on Feb 4 1935 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis with hypertension	
Dilatation of heart	

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dorsey Truitt M. D.

(Address) 710 Park Ave Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 F 09450 F 09450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Madison Ave St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hobbs

(a) Residence: No. 1020 madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) ✓ 3

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
1	32	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Private 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Stephens Hobbs

14. BIRTHPLACE (city or town) (State or country) Va,

MOTHER

15. MAIDEN NAME 3

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Oliver Moore
(Address) 1020 madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Feb 8 1935

19. UNDERTAKER Jos. Geo. H. Collins
(Address) 1630 Druid Hill Ave

20. FILED 19 Registrar

35-1935 A-E-F-[illegible] Reg. No. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 5 1935

22. I HEREBY CERTIFY, That I attended deceased from January 4 1935 to Feby 5 1935
I last saw her alive on Feby 3 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Cervix	3

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Peterson M. D.

(Address) 817 Hamilton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-4 F 09451

F 09451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 546 N. Fulton Ave St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 29 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Heise Sr.

(a) Residence: No. 546 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Heise.

6. DATE OF BIRTH (month, day, year) June 17 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Dealer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Heise.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Lenz.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise Heise. Wife.

(Address) 546 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Feb 8th 1932

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

20. FILED Feb 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14 1929 to Feb. 5, 1932

I last saw him alive on Feb. 5, 1932 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endo- and myo-carditis. Arteriosclerosis	4/4/29
Other contributory causes of importance:	
Senile Dementia	1932

Name of operation none Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice E. Shamer M. D.

(Address) 3200 W. Forty Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

09452 F 09452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No.) 1512 Gilmor ST. 3 WARD 1

2 FULL NAME Lillie Smith

(a) RESIDENCE NO. 29 S Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: William Smith

6 DATE OF BIRTH (month, day, and year): 1886

7 AGE — Years: 49 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Robt Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant (Address): Martha Bethel

15 Filed FEB 8 - 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 6 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1935, to Feb 6, 1935

That I last saw h[illegible] alive on Feb 6, 1935

and that death occurred, on the date stated above, at 5.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 24 ds.

CONTRIBUTORY (Secondary): Bronchial Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edgar J. Woodland M. D.

19 (Address) 771 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury cemetery

DATE OF BURIAL: Feb 10 1935

20 UNDERTAKER: Edw. Boyle

ADDRESS: 1691 Orleans St

TION is very important. See instructions on back of certificates.

Spec.—1-10-21—MAT—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09453

F 09453

CERTIFICATE OF DEATH.

V 82-a

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Eversham Ave. ST., 27th WARD)

2-FULL NAME Emma Jane Henderson

(a) RESIDENCE NO. 420 Eversham Ave. ST., 27th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, ~~widowed, or divorced~~ (or) WIFE of: Geo. W. Henderson

6 DATE OF BIRTH (month, day, and year): Jan. 4, 1867

7 AGE — Years: 68 — Months: 1 — Days: 25 — If LESS than 1 day, 4 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Harford Co. Maryland.

PARENTS

10 NAME OF FATHER: Wm. Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: (?) Graham

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs. D. H. Walker
(Address): 2131 Bolton St.

15 Filed 2-8-1935, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 7 1935.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1935, to Feb. 7, 1935.

that I last saw her alive on Feb. 7, 1935,

and that death occurred, on the date stated above, at 4 00 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy (Cerebral Hemorrhage).

(duration) yrs. — mos 14 ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tests

(Signed) M Cole, M. D.

4-7, 1935 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Abingdon Md. — DATE OF BURIAL: Feb. 10, 1935

20 UNDERTAKER: Robt L Little — ADDRESS: 3700 Edmondson Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. F. 1268 F 09454

F 09454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N. Fulton Ave. Ward) 16

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances D. Blake

(a) Residence: No. 709 N. Fulton Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robert N. Blake

6. DATE OF BIRTH (month, day, year): Mar. 10 1859 1866

7. AGE: Years 74 75; Months 10; Days 28 27; If less than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Wm N. Hutzens

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Brayton

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs F. H. Guth (Address) 709 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cem. Feb 9. 1935

19. UNDERTAKER: Wm Hickey Sons (Address) York & Pulaski

20. FILED Feb 9 1935 Registrar

Feb 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5. 1935 to Feb. 7. 1935

I last saw her alive on Feb. 7. 1935 Death is said to have occurred on the date stated above, at 12 50 m

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis. — Date of onset several years

Other contributory causes of importance:

old age

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Robert C. Blake M. D.

(Address) Med. Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1[illegible] F 09455

F 09455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V +124-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mayer Henry Herbert

(a) Residence: No. Severn Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emilie Katherine Herbert

6. DATE OF BIRTH (month, day, year) Sept. 27 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monument Granite Mine 6043

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kovno Russia

FATHER

13. NAME Isaac Herbert

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Herbert

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harold Herbert

(Address) Severn Md

18. BURIAL, CREMATION, OR REMOVAL Friendship A.A. Co. Date Feb. 9 1935

19. UNDERTAKER Wm. Richter & Sons

(Address) North & Eutaw

20. FILED 12 [illegible] Registrar

FEB 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Feb. 6 1935

last saw him alive on Feb. 6 1935. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver
Myocardial Failure

Date of onset

Other contributory causes of importance:

Name of operation Cholecystgastrostomy on Feb. 2

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. Gaskell M. D.

(Address) South Baltimore Gen

Case 2

MAIN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. # 12[illegible]

F 09456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09456

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 N. Calvert St. 12 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 80 yrs. mos. ds.

2. FULL NAME ELIZABETH SCHOEBERLEIN

(a) Residence: No. 2619 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Conrad Schoeberlein

6. DATE OF BIRTH (month, day, year) May.18.1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Kraemer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary E. Hoffman (Daughter)

(Address) 2619 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Cemetery Date Feb.9.1935
Place

HENRY SANDER & SONS, INC.
19. UNDERTAKER
(Address) Baltimore & Broadway.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 7. 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 19 35 to Feb 7 19 35

I last saw her alive on Feb 7 19 35 Death is said to have occurred on the date stated above, at 8.00 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic nephritis	2/4/35
cardio-vascular renal disease	10 yrs.
Other contributory causes of importance:	
arterial hypertension	10 yrs
senile psychosis	6 yrs.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Louis F. Krumeich M. D.

(Address) 722 No. Kenwood ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 F 09457

F 09457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 South Ann Street St., V Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Swakowski

(a) Residence: No. 244 South Ann Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXX~~ Josephine Swakowski

6. DATE OF BIRTH (month, day, year) Sept, 16th/1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coke

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs, Josephine Swakowski

(Address) 244 South Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Cem. Date February 11th 1935

19. UNDERTAKER George A. Weber

(Address) 703 S Eisner Street

20. FILED 6-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935 to Feb. 7, 1935

I last saw h[illegible] alive on Feb 7, 1935. Death is said to have occurred on the date stated above, at 11.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2-3-35
Other contributory causes of importance: Chronic Myocarditis	3yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? P.M.E. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John V. Swatchy M. D.

(Address) 1802 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-S 3

M. D. B 1268-9

F 09458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09458

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mission of Our Lady of Mercy Hosp St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Reddigan

(a) Residence: Mission at Saratoga & Green St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Under about 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mission Home
(Address) Saratoga & Green Sts

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/9 1935

19. UNDERTAKER J. J. Feeley & Son
(Address) 1318 Light St

20. FILED ..... 19..... Registrar

FEB 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombus Coronary Artery	Unknown

Other contributory causes of importance:

Sclerosis of Coronary Artery	

Name of operation — Date of .....

What test confirmed diagnosis? History Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Fenton M. D.
Coroner

(Address) 700 E Chase St

M. D. B. 1268-9

F 09459

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09459

CERTIFICATE OF DEATH

XV 46-C

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mervel Shaffer.

(a) Residence: No. Westminster Route #1 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 31 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	10	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Market Virginia

FATHER

13. NAME John R. Shaffer

14. BIRTHPLACE (city or town) (State or country) New Market Virginia

MOTHER

15. MAIDEN NAME Nellie Bailey

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT David Shaffer

(Address) Route 1 Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Meade Cem Date Feb 10 . 1935

19. UNDERTAKER H H Bankard & Son

(Address) Westminster Md

FILED ... 19 ... Registrar.

38-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-21-35 . 19 . to 2-7-35 . 19 .

I last saw him alive on 2-7-35 . 19 . Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Abdominal Carcinomatosis	
Primary Carcinoma Hepatic Flexure Colon	
Other contributory causes of importance: Pulmonary Infarct Right	2-6-35

Name of operation Laparotomy Date of 2-5-35

What test confirmed diagnosis Clin. Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hugh B. McNally M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 09460

M. D. B. [illegible] F 09460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 S. Glover St. St., 1 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Nowakowski

(a) Residence: No. 623 S. Glover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine Nowakowski

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Found dead

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Frank Nowakowski

(Address) 623 S. Glover

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Feb 9, 1935

19. UNDERTAKER F. W. Ozarowski

(Address) 1900 Eastern Ave.

20. FILED Feb 9, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1935, to Feb 6, 1935

I last saw h[illegible] alive on Feb 6, 1935 Death is said to have occurred on the date stated above, at 9 30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 2/4/35

Arteriosclerosis

Other contributory causes of importance:

Myocardial Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leo L. Kulacki, M. D.

(Address) 126 S. Patterson Pk. Ave.,

OCCUPATION is very important. See instructions on back of certificate.

Please write in plain terms, so that it may be properly classified. Exact statement of

M. D. B. 1268-9

F 09461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09461

CERTIFICATE OF DEATH

✓ 93-P

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Boone St., St., 9 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN ORLANDO MOORE

(a) Residence: No. 1908 Boone St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Moore

6. DATE OF BIRTH (month, day, year): Nov. 1st. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired Farm Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John A. Moore

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Catherine Meyer

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Rev. John Carroll Moore

(Address): 1908 Boone St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: Feb. 11th. 1935

19. UNDERTAKER: Chas. H. Kraus & Son

(Address): 118 W. Mt. Royal Ave.

20. FILED: Feb 13 1935 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 6th. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on August 6th 1935 2 P.M. Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
a.	
b.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 5056 Northern ...

M. D. B[illegible]-09462 F 09462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 117 S. Marley St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John N Cavanaugh

(a) Residence: No. 117 S. Marley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Tyler.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt 78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 015

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs L M Cavanaugh

(Address) 117 S Marley

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 2/9/35 19

19. UNDERTAKER John J Doherty & Sons

(Address) 431 E Eight St.

20. FILED FEB 9 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Feb 6, 1935.

I last saw him alive on Feb 5 1935. Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general	Since 1931
Myocarditis Chronic	
Myocardial degeneration	Jan 25, 1935
Secondary Uraemia	Jan 27, 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W Johnson, M. D.

(Address) 325 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1789-9

F 09463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09463

CERTIFICATE OF DEATH

✓ 112

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 E. Monument St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Putter

(a) Residence: No. 1704 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 21 1865

7. AGE: Years 70 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George Putter

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Barbara Dorn

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. D. J. Putter

(Address) 1704 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Feb 9 1935

19. UNDERTAKER: Kemper Hoch Sons, Inc.

(Address) 1301 E. Eager St.

20. FILED: FEB 8 1935 Huntington Thibaut Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1933 to Feb 7, 1935

I last saw h live on Feb 7, 1935. Death is said to have occurred on the date stated above, at 3, p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	2 yrs
Other contributory causes of importance: Pulmonary Edema	3 Days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward [illegible] M. D.

(Address) 4137 Fairmount Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 09464

F 09464 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 McElderry St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~1935~~ mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace B. Henry

(a) Residence: No. 1410 McElderry St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Clarence Henry

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Md

FATHER

13. NAME John Perry

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

MOTHER

15. MAIDEN NAME Mary Maddox

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT John Perry (Father)

(Address) 3018 Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 8 1935

19. UNDERTAKER Forest E. Williams

(Address) 15 E Mc Elderry St

20. FILED Feb 8 1935 Harrington T. Waddell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1935 to Feb 5 1935

I last saw h[illegible] alive on Feb 4 1935 Death is said to have occurred on the date stated above, at 2150 h.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feby 1930
Other contributory causes of importance: Influenza	Jany 21 35.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) [illegible]

B 8-1035

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 09465

F 09465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Edward Banks

(a) Residence: No. 1406 Laurens St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Field Depot Date Feb 5 . 1935

19. UNDERTAKER .....

(Address)

20. FILED ..... . 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 . to ..... . 19 .

I last saw h alive on ..... . 19 . Death is said to have occurred on the date stated above, at 10:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... . 19 .

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A A Herzog MD . M. D.

(Address) 1305 N Fulton Ave Baltimore

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

FEB - 1935

1108

M. D. B. 1268 F 09466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09466

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Turner

(a) Residence: No. 925 Morris st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Willis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hart School Date Feb 5 . 1935

19. UNDERTAKER

(Address)

20. FILED FEB 6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1935 to February 3, 1935

I last saw her alive on February 3, 1935 Death is said to have occurred on the date stated above, at 12:40 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer M. Jacobson, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. No. F 09467 ✓ F 09467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary X 67 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Volz

(a) Residence: No. Stemmers Run St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas Joseph Volz

14. BIRTHPLACE (city or town) (State or country) Stemmers Run Md.

MOTHER

15. MAIDEN NAME Lydia Maria Baerner

16. BIRTHPLACE (city or town) (State or country) Saxony Germany

17. INFORMANT Chas. Volz
(Address) Stemmers Run

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Luth. Cem. Date Feb. 8 1935

19. UNDERTAKER Fredk. Lassahn & Son
(Address) 1401 Belair Rd

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1935 to Feb. 7 1935

I last saw him alive on Feb. 7, 1935 Death is said to have occurred on the date stated above, at 1045 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thymic death	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard V. Hawes M. D.

(Address) Church Home & Infirmary

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 5 3

M. D. B. 1268-9

09468 ✓ F 09468

09468 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 939 N. Broadway St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline A Bramble

(a) Residence: No. 939 N Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William E. Bramble

6. DATE OF BIRTH (month, day, year) Jan 24 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	—	14	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME George T. Davis

14. BIRTHPLACE (city or town) (State or country) New Castle Co Delaware

MOTHER

15. MAIDEN NAME Sarah McCandlin

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs Hattie Bramble

(Address) 3901 Gunpowder Road

18. BURIAL, CREMATION, OR REMOVAL

Forest Ridge Cemetery Date Feb 9 1935

19. UNDERTAKER Chas. G. Golsh

(Address) 742 W. Pratt ave

20. FILED ... 1935 ... Registrar.

8-9-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to Feb 7 1935

I last saw her alive on Feb 6 1935. Death is said to have occurred on the date stated above, at 7.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardetis	Gradual
Arterio-sclerosis	
Hypertension Mild	over
Other contributory causes of importance:	
Pulmonary Edema	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. H. Brody M. D.

(Address) 140 Park ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

F 09469 ✓ F 09469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

141-131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Edmondson St., 19 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Olga N. Tunstall

(a) Residence: No. 1611 Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Burrell L. Tunstall

6. DATE OF BIRTH (month, day, year) July 15 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond
(State or country) Va

FATHER

13. NAME Nathan Lee

14. BIRTHPLACE (city or town) Richmond
(State or country) Va

MOTHER

15. MAIDEN NAME Sallie Scott

16. BIRTHPLACE (city or town) Richmond
(State or country) Va

17. INFORMANT Burrell L. Tunstall
(Address) 1611 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date Feb 9 1935

19. UNDERTAKER Joseph A. Lively
(Address) 409 N. Mount Street

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 6 1935

22. I HEREBY CERTIFY, That I attended deceased from February 5 1935 to Feb 6 1935
I last saw her alive on Feb 6 1935, death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia Influenza	Feb 5. 35
Incomplete Miscarriage 7 Month Foetus.	Feb 5. 35
Chronic Nephritis 3 to 4 yrs.	??
Secondary Anaemia	??

Other contributory causes of importance:

Name of operation ... Date of operation ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno. H. Mright, M. D.
(Address) 1209 Pennsylvania Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09470

F 09470 HEALTH DEPARTMENT—CITY OF BALTIMORE

142-B-121

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Lillian Clara

(a) Residence: No. 2063 Kennedy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27, 1908

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
26	10	716	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secty. Off'l
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Work
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Edward V. Clara
14. BIRTHPLACE (city or town) Balt Md.
(State or country)

MOTHER

15. MAIDEN NAME Kate Bernard
16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lakewood Date 2/11/35, 19

19. UNDERTAKER George J. Fuhrman
(Address) 1435 Francis [illegible]

20. FILED [illegible] Registrar.

2-8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1935, to 2-6, 1935

I last saw her alive on 2-6, 1935 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Ectopic Preg.	2-3-35
	NW
Other contributory causes of importance: Chronic Salpingitis	7-1-34
Streptococcic Septicaemia	
Bronchial Pneumonia	2-4-35

Name of operation Laparotomy Date of 2-3-35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. H. Barnaby, M. D.

(Address) Maryland General Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1208-9

F 09471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09471

+ 161-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md General Hospital

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Chester Roy Brown

(a) Residence: No. Bedford Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 30 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bedford Pa

FATHER

13. NAME Un known

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Edna Brown

16. BIRTHPLACE (city or town) (State or country) Claysburg Pa

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION OR REMOVAL
Bedford Pa Feb 8-35
Date

19. UNDERTAKER Jos J Thornton
(Address) 3001 Kentucky Ave

20. FILED ..... (19...) ..... Registrar.

C - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 7-35 ..... 19 ..... to Feb 7-35 ..... 19 .....

I last saw him alive on Feb 7 35 ..... 19 ..... Death is said to have occurred on the date stated above, at 9 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortical Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J E Proctor M.D.

(Address) Md Gen Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. B. 1268-9

F 09472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09472

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 E. Eager St., 1 W Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Seidling

(a) Residence: No. 2514 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Margaret Goe Seidling

6. DATE OF BIRTH (month, day, year): May 11

7. AGE: Years: 56 Months: 8 Days: 15 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Box Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wood
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Henry Seidling
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Hockendorf
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs Margaret Seidling
(Address): 2514 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: 2/11, 1935

19. UNDERTAKER: Margaret G. Flynn
(Address): 1423 Eastern Ave

20. Filed: 2-11, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1935, to Feb 7, 1935.

I last saw h[illegible] alive on Feb. 7, 1935. Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Cerebral Hemorrhage)	2/5/35
Other contributory causes of importance:	
Cardio Vascular Renal Disease	?

Name of operation: none Date of: ✓

What test confirmed diagnosis: none Was there an autopsy: no

23. If death was due to external causes (violence) fill in also the following: No Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P Kenny M. D.

(Address) 2200 E Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

38-1935

M. D. F 1268-9

F 09473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09473

X 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M Miller

(a) Residence: No. Eldridge, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 17th 1791

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	9 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ground Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John J. Miller

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie E. Wheeler

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John J. Miller

(Address) Eldridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Md Date Feb. 11 1935

19. UNDERTAKER Lloyd Raisin

(Address) Laurel Md

20. FILED 8-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935 to Feb 8th 1935

I last saw him alive on Feb 8th 1935. Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 26 1934
Other contributory causes of importance:	
Empyema	Jan 1935
Pericarditis	Feb 1st 1935

Name of operation Thoracotomy Date of Jan 30 35

What test confirmed diagnosis clinical Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauriston L. Brown M.D. M. D.

(Address) University Hospital,

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

✓ F 09474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09474

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1663 Darley Ave St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Hagert

(a) Residence: No. 1663 Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frank J. Hagert

6. DATE OF BIRTH (month, day, year) May 13th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	8	23rd	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME George Kirschbaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Fuldeman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Frank Hagert

(Address) 1663 Darley ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date 2/9/ 1935

19. UNDERTAKER C. J. Fanning & Son

(Address) 1938 E. Lafayette ave

20. FILED 2-8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 5 1935

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1935 to February 5, 1935

I last saw h.. alive on February 5 1935. Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1934

Other contributory causes of importance:

Uremia	2 days

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Wolfe M. D.

(Address) 1331 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09475

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH 1706 N. Bethel St. Registered No.

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mon. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Margaret Fuchslueger

(a) Residence: No. 1706 N. Bethel St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 30 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5		8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph F. Fuchslueger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna T. Kuppel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna T. Fuchslueger
(Address) 1706 N. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 11. 1935

19. UNDERTAKER John C. Miller
(Address) 2335 E. Fleet St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb. 7 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 , 1935 , to Feb. 7 , 1935

I last saw h[illegible] alive on Feb. 7 , 1935 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	1/1/35
Other contributory causes of importance:	
bronchio-pneumonia	1/7/35
pericarditis myocarditis	1/7/35
endocarditis	
inflammatory rheumatism	[illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. C. Zobiral , M. D.

(Address) 447 N. Kenwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8-1935

M. D. B 1268-9

F 09476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Geo.) Oscar Grumbach

(a) Residence: No. Barracksville St., Ward West Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha

6. DATE OF BIRTH (month, day, year): 1-6-87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Herman Grumbach

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Busch

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Morgantown W Va Date Feb. 10. 1935

19. UNDERTAKER: John C Watkins & Son

(Address) 410 Euclid Place

20. FILED [illegible] 19[illegible]

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1934 to Feb 8, 1935

I last saw him alive on Feb 8, 1935 Death is said to have occurred on the date stated above, at 4 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Carcinoma of duodenum - type operable - primary & metastasis to retro - mast. - testes. g. I. tract, liver, stomach.	Sept 1934

Other contributory causes of importance:

Post operative myocardiac - not mentioned at death.

Auricular fibrillation - terminal event.

Name of operation: Date of

What test confirmed diagnosis? X R Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas D. Stebbins, M. D.

(Address) The Johns Hopkins Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P 1268-9

F 09477

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09477

93-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 118 Hammerbacher Court. St., 23 Ward)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Camphor.(C)

(a) Residence: No. 118 Hammerbacher Court. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If ~~XXXX~~ widowed, ~~XXXXXX~~ (or) WIFE of ~~XXXXXXX~~ Bevin Camphor.(C)

6. DATE OF BIRTH (month, day, year) July 11,1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John M.Camphor.(C)

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER

15. MAIDEN NAME Sarah J.Reed.(C)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Emma Smith.(C) sister.

(Address) 324 N.Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 9. 1935

19. UNDERTAKER Chas. F. Chase & Son

(Address) 638 W.Fayette St.

20. FILED ... Registrar.

8 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h..... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 12.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M Reinhardt Coroner, M. D.

2/7/35 (Address) 1017 E. Charles St.

M. D. B. 1268-9

✓ F 09478

09478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 E. Eager St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Pelka

(a) Residence: No. 2334 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lena Pelka

6. DATE OF BIRTH (month, day, year) Feb 17th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Park Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Anna Pirl

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Edward A. Pelka

(Address) 2334 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Feb 9th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 2 9 1935 Hamilton Wm [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1935 to Feb. 7th 1935

I last saw him alive on Feb 7th, 1935 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular Disease Arteriosclerosis	9

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Vincent B. Pelka M. D.

(Address) 845 N. Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

✓ F 09479

F 09479 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 N. Patterson Park ave Ward) 7

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Vesely

(a) Residence: No. 917 N. Patterson Park ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Vesely

6. DATE OF BIRTH (month, day, year) Aug. 20-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	5	17	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME John Ludvik

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Josephine Mauer

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT John Vesely,

(Address) 917 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date Feb. 10, 1935

19. UNDERTAKER George W. Zubler

(Address) 137 E. Eager St.

Huntingtown Maryland

FILED FEB 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/6/ 1933 to 2/7/ 1935

I last saw her alive on 2/6/ 1935 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Rheumatic heart disease — Date of onset 2 yrs?

Other contributory causes of importance:

Anasarca — acute

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Samuel Marcus M. D.

(Address) 1013 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

AACo. 5-31 250B

F 09480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09480

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Baker St., 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos. Hynson

(a) Residence: No. 1702 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lennia Hynson

6. DATE OF BIRTH (month, day, year) May 9-1933

7. AGE: Years 41 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER

13. NAME Saml Hynson

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Annie Johnson

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Frances Hynson
(Address) 704 N. Eagle St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 2-9-1935

19. UNDERTAKER Bruce A. Stanley
(Address) 58 Druid Hill Ave

Filed FEB 9 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1934 to Feb 6 1935

I last saw him alive on Feb 4 1935 death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Intestinal Nephritis	
2 months	

Other contributory causes of importance Pneumonia Lobular

Name of operation ..... Date of .....

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. E. Luck M. D.

(Address) North Ave & Edmondson

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 09481 ✓ F 09481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 II

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 7 W Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Nenny.

(a) Residence: No. 639 W. Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Separated.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estelle.

6. DATE OF BIRTH (month, day, year) 11/11/1890.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Norman W.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Snowden

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records BC H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U S National Date 2/12/35 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

FILED Huntington Ave Cemetery Records

FEB 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/14 . 1934 to 2/8 . 1935

I last saw h. alive on 2/8 . 1935 Death is said to have occurred on the date stated above, at 6 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	4 ms.
Syphilitic	over

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ . 19 ____

Where did Injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) Roberta Reitz M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

09482

HEALTH DEPARTMENT—CITY OF BALTIMORE

09482

CERTIFICATE OF DEATH

11-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N Carrollton Ave St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa C Peaker

(a) Residence: No. 618 N Carrollton Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip Peaker

6. DATE OF BIRTH (month, day, year) Oct 2 1873

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Joseph Beaker

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Emma Bussard

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Lillie Peaker

(Address) 618 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wm. Gorsuch Date Feb 11 1935

19. UNDERTAKER Lorman E Wright

(Address) 618 N Carrollton Ave

20. FILED FEB 9 - 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1935 to Feb 7 1935

I last saw h alive on Feb 7 1935 Death is said to have occurred on the date stated above, at 7.40 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction — Date of onset Feb 1935

Paralytic Ileus

Following Appendectomy

Other contributory causes of importance: Arteriosclerosis Feb 1935

Name of operation Appendectomy Date of Jan 1935

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lillie Peaker M. D.

Address 522 S. Arlington Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 09483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09483

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 902 Aisquith St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Left yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Hall

(a) Residence: No. 902 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 or 61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Steven Anderson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliza Bouldin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Laura Northern
(Address) 902 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Cherry Cemetery Date 2/11/35 19

19. UNDERTAKER Mrs Chas G. Bailey
(Address) 1421 Jefferson St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 508 E Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 9-1935

M. D. B. 1268-9

F 09484 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 09484

92a

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 786 Franklin St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leroy Haskins

(a) Residence: No. 786 Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~late~~ Hilary Haskins

6. DATE OF BIRTH (month, day, year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1070

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Geo. Haskins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Satchell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ida Glover
(Address) 786 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 9 . 1935

19. UNDERTAKER Jesse W. Riddett
(Address) 436 W. Biddle St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from January 6 1935 to Feb 6 1935

I last saw him alive on Feb 6 . 1935 Death is said to have occurred on the date stated above, at 6.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Disease Heart	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank E. Hagan M. D.

(Address) 627 Edgewood

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B B - 1935

M. D. P. 1268-9

F 09485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09485

1170

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16 Ward)

Length of residence in city or town where death occurred, 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Wenzel.

(a) Residence: No. 2200 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Md Date Feb 11. 1935

19. UNDERTAKER E. E. Eline & Son
(Address) Frederick Md

20. FILED FEB 9 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 8 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-28 1935 to 2-8 1935

I last saw h[im] alive on 2-6 1935. Death is said to have occurred on the date stated above, at 1925 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PEPTIC ULCER	1933
Other contributory causes of importance: POST OPERATIVE HEMORRHAGE	2-6-35

Name of operation Gastro enterostomy Date of 2-5-35

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur L Sliwinski M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 09486

F 09486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4607 Reisterstown Road St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Dannenberg Hecht

(a) Residence: No. 4607 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Hecht

6. DATE OF BIRTH (month, day, year) Nov. 24, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Isaac Dannenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Appel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Reuben Hecht, (Son)
(Address) 4607 Reisterstown Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Feby. 10 19 35

19. UNDERTAKER Ward Sondheim & Son
(Address) 1902 Eutaw Place

FEB 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 8, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1935 to Feb 8 19 35

I last saw h[illegible] alive on Feb 8 19 35 Death is said to have occurred on the date stated above, at 12.20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/31/35
Other contributory causes of importance:	
Hypostatic Pneumonia	2/5/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John D. Bubert M. D.
(Address) 4803 Park Heights Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 09487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., Balto Ward) Md.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Katie Dora Giles

(a) Residence: No. 233 Myrtle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thos Giles

6. DATE OF BIRTH (month, day, year) May 4 - 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Co Va

FATHER

13. NAME Cornelious J. Lewis

14. BIRTHPLACE (city or town) (State or country) Louisa Co Va

MOTHER

15. MAIDEN NAME Sallie B. Thamid

16. BIRTHPLACE (city or town) (State or country) Louisa Co Va

17. INFORMANT Cornelious J. Lewis

(Address) Louisa Co Va

18. BURIAL, CREMATION, OR REMOVAL

Place Ashland Va Date Feb 9 . 1935

19. UNDERTAKER Robert E. Williams

(Address) 1515 McElderry St

FILED FEB 9 1935 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 . 1935 to Feb 4 . 1935

I last saw her alive on Feb 4 . 1935 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (Miliary)	10 da
Tuberculous Meningitis	2 da
Pulmonary Tbc. about	3 yrs.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury — . 19 —

Where did Injury occur? None (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place None

Manner of Injury

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. D. Caples M. D.

(Address) Univ Hosp - Balto Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Letitia Hurst.

(a) Residence: No. 1710 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin.

6. DATE OF BIRTH (month, day, year) 12/14/54

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edwin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Bowen.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records B C H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 9 1935

19. UNDERTAKER Charles E Franck & Co
(Address) 802 Madison Ave

20. [illegible] Registrar

2 SUPP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/25 1935 to 2/8 1935

I last saw her alive on 2/8 1935. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 wks.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 9-1935

M. D. B. 1268-9

✓ F 09489

09489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry L. Manz.

(a) Residence: No. 3718 Geo St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	W.	Divorced.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17/1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58.	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Manz.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Manz Bro.

(Address) 3713 Geo St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Feb 11 1935

19. UNDERTAKER Luby & Gilbertson

(Address) 463 S Broadway

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) A Bergman M.D. Coroner

(Address) 1305 N Pattison St

FEB 9 1935

F 09489

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09490

F 09483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

293

X 89-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Teny Horst

(a) Residence: No. Morgansville St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-9-08

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME David L Horst

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Deatrich

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md Date 2/10 1935

19. UNDERTAKER Fred. W. Kraus

(Address) Hagerstown Md

20. FILED 1935 Registrar.

FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1935 to Feb 9 1935

I last saw her alive on Feb 9 1935 Death is said to have occurred on the date stated above, at 12 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastitis	1/1/35
Brain abscess	2/2/35
Cerebrospinal meningitis (Dom)	2/7/35

Other contributory causes of importance:

Name of operation Trephining for brain abscess Date of 2/7/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. S. 3

M. D. B. 1268-9 **F 09491**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8349-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4506 Wakefield St. Road) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 19 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Eunice Lybrand

(a) Residence: No. 4506 Wakefield Road Ward. Blackstock S.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of Wm M Lybrand.

6. DATE OF BIRTH (month, day, year) Feb 23-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Blackstock S.C.

FATHER

13. NAME James J McDonald

14. BIRTHPLACE (city or town) (State or country) Blackstock S.C.

MOTHER

15. MAIDEN NAME Alice - ?

16. BIRTHPLACE (city or town) (State or country) Blackstock S.C.

17. INFORMANT Wm M. Lybrand (Address) 4506 Wakefield Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Chester, S.C. Date Feb 10, 1935

19. UNDERTAKER Wm Cook & Son (Address) 1214 E. Baltimore St.

FILED FEB 10 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1934 to Feb 9, 1935

I last saw him alive on Feb 2, 1935 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of vulva with General Metastasis — Date of onset about Jan 1934

Other contributory causes of importance:

Name of operation Vulvectomy Date of 4/25/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. R. Lemon D.S. M. D.

(Address) 101 W. Read St.

F 09491 314. Med. Arts. Bldg. 1-30-1935

Mr & Mrs R 1934

Feb 9 9:15 Am

Feb 2 1935

Feb 10 1935

Feb 9th 1935

Feb 10 1935

Feb 10 1935

Feb 10

A&Co. S-Person F 09492

HEALTH DEPARTMENT CITY OF BALTIMORE

F 09492

92-W

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2703 Overland Ave. St., 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Wilhelmina Rivers.

(a) Residence: No. 2703 Overland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Colin S. Rivers.

6. DATE OF BIRTH (month, day, year) Apr 26, 183

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andreas Seifert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christine Seifert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Colin S. Rivers
(Address) 2703 Overland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb 11 1935

19. UNDERTAKER Walter R. McNamee.
(Address) 4114 Falls Road.

20. FILED FEB 10 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb-8th 1:30AM, 1935 to Feb 8th, 1935

I last saw her alive on Feb-8 1935 death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Chronic Endocarditis	
Cerebral Hemorrhage	Feb 8 1935
Other contributory causes of importance:	
Amputation Leg (due to embolism)	Jan 1935

Name of operation Amputation of leg Date of Jan. 1935

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. —

(Signed) Frank DeVirgilio, M. D.

(Address) 1117 St Paul St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible] F 09493 ✓ F 09493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Chester A. Bush

(a) Residence: No. 129 E. North Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/7/00

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) York, Pa

FATHER

13. NAME William Bush

14. BIRTHPLACE (city or town) (State or country) (?) Pa

MOTHER

15. MAIDEN NAME Hattie Hegrich

16. BIRTHPLACE (city or town) (State or country) (?) Pa

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Zion, Fuehrdt Date Feb 12 1935

19. UNDERTAKER Paul Hartenstein

(Address) New Freedom, Pa.

20. FILED FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1935 to 2-9 1935

I last saw him alive on 2-8 1935 Death is said to have occurred on the date stated above, at 2.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	(?)
Other contributory causes of importance: Abscess, left forearm	2 wks

Name of operation Incision Abscess Date of 2-6 35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel N. Grant M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-F F 09494

F 09494

2924 03494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie C Hann

(a) Residence: No. 1015 Norton St., Ward. Everett Mass.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-27-83

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

13. NAME W J Hann

FATHER

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Adelaide Dunlap

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, REMOVAL Everett Mass.
Place Woodlawn Cem Date 2 11 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar

FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 1934 to Feb 9 1935

I last saw her alive on Feb 9 1935 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm of Lung	4/1/34
cure	
Other contributory causes of importance: Metastasis to the Brain	1/10/35
Bronchopneumonia	2/6/35

Name of operation Exploration of thorax Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Herbert Eckert M. D.

(Address) Johns Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 09495 ✓ F 09495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X95-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lukens Memorial Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mr Frank Holland

(a) Residence: No. 112 - 5th St N.E. St., Washington, DC Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0060

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Felix C. Holland.

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Penna.

MOTHER

15. MAIDEN NAME Bridget Bryant

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Lukens Memorial Hospt

(Address) 400 Eutaw Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date Feb. 10 19 35

19. UNDERTAKER James F. Ryan. Inc.

(Address) 317 Pa. Ave. S.E. Wash. D.C.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9- 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1934 to 2-9 1935

I last saw h.IM alive on 2-9 1935. Death is said to have occurred on the date stated above, at 11.35P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ESSENTIAL HYPERTENSION	
Other contributory causes of importance:	
AURICULAR FIBRILLATION	
PULMONARY EDEMA	

Name of operation ... Date of ...

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robt. F. Healy, M. D.

(Address) St. Agnes Hospital

V S 3

1. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 09496

F 09496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Oak St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel B Walker

(a) Residence: No. 2230 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Sarah E Walker

6. DATE OF BIRTH (month, day, year) March 19-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	10	11 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (Potter carrier)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Gibson Miss.

FATHER

13. NAME Samuel Walker

14. BIRTHPLACE (city or town) (State or country) Port Gibson Miss

MOTHER

15. MAIDEN NAME Sarah E Stilley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Reginald B Walker
(Address) 2230 Oak St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 2/11, 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar

FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 1935 to Feb 7, 1935

I last saw him alive on Feb 7, 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance:	
Cardiac decompensation	May 1934

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) George M Little, M. D.

(Address) 2143 W Mary Land Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 09497 F 09497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Leonard Ford

(a) Residence: No. 3111 Glendale Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Elsie Ford

6. DATE OF BIRTH (month, day, year) 5-20-04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Publishing Co.

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Robert albert Ford

14. BIRTHPLACE (city or town) (State or country) Lacania N.H.

MOTHER

15. MAIDEN NAME Grace Hill

16. BIRTHPLACE (city or town) (State or country) Lacania N.H.

17. INFORMANT Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 11 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

Registrar

FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-4 1935 to 2-8 1935

I last saw h[illegible] alive on 2-8 1935. Death is said to have occurred on the date stated above, at 11:22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Abscess (Hem. Strept.)	1-29-35

Other contributory causes of importance:

General Peritonitis	2-7-35
Bronchopneumonia, bilateral	2-7-35

Name of operation Exploratory Lap + Drainage of Date of 2-7-35

What test confirmed diagnosis Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel McLanahan M. D.

(Address) 108 East 33rd St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 12-35 E 09498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09498

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Meadows.

(a) Residence: No. 1506 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Victoria.

6. DATE OF BIRTH (month, day, year) 2/24/51

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Jonas

14. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER

15. MAIDEN NAME Katherine Welborn

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Records. BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 12 1935

19. UNDERTAKER Geo. W. Sittle

(Address) 2700 Edmondson Ave.

20. FILED 19 ..... Registrar

FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/5 1935 to 2/8 1935

I last saw him alive on 2/8 1935. Death is said to have occurred on the date stated above, at 12 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Entrocolitis ?	2 wks?
Cause unknown.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto. City Hosp.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 33

M. D. B. 1268-9 F 09499 ✓ F 09499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 756 Linnard St. St., 16 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa R. Eney,

(a) Residence: No. 756 Linnard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washington I. Eney,

6. DATE OF BIRTH (month, day, year) June 19. 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Henck,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louisa R. Mead,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lloyd A. Eney,
(Address) 756 Linnard St.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date FEB 11 1935, 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Feb 9, 1935

I last saw h[illegible] alive on Feb 8 1935 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	JAN 1935
right side Terminal	
Other contributory causes of importance: Arteriosclerosis General	

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John A. Tucker M. D.

(Address) 12 W Preston St Balto, Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 09500 ✓ F 09500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2441 E. Federal ST.: 8 WARD)

2-FULL NAME Paul H. Guttmann

(a) RESIDENCE. No 2441 E. Federal St.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. | 4 COLOR OR RACE White | 5 ~~Single, Married, Widowed, or Divorced~~ (write the word) Widower

5a If ~~married, widowed, or divorced~~ HUSBAND of (~~or Wife of~~) Mary Guttmann

6 DATE OF BIRTH (month, day, and year) 8/10 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Builder

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Paul Guttmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER M. Kuhn.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant H. Guttmann (Address) 2441 E. Federal St

15 Filed . 19 Huntington [illegible]

FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 8 . 1935 . to Feb 9 . 1935.

That I last saw h alive on Jan 8 . 1935.

and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:

Coronary Sclerosis

(duration) yrs. mos. , ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) F. E. Hurley M. D

Feb 9 1935 (Address) 130 N Pat, Pauk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL Balt. Cemetery | DATE OF BURIAL 2/12/35

UNDERTAKER Geo H. Lennhardt | ADDRESS N Pulaski

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 09501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09501

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1344 Westport Boulevard Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Amanda A. Krach

(a) Residence: No. 1344 Westport Boulevard Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of August H. Krach

6. DATE OF BIRTH (month, day, year) Feb 18 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework (home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert Gibson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary A. Fleischman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adolph F. Krach

(Address) 1344 Yorkshire Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Feb 12th 1935

19. UNDERTAKER E. Schloman & Son

(Address) 1034 Fremont St

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 9 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 9 P (?) m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by carbon monoxide gas	Feb 8-35
Suicide	

Other contributory causes of importance:

Name of operation Autopsy Date of Feb 9-35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Feb 8-35

Where did injury occur? 1344 Westport Blvd. Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Kitchen of home

Manner of injury Inhalation of illuminating gas.

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John F. Weber M. D.

Coroner

(Address) 16 So Broadway

INFORMATION should be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

FOR USE OF REGISTRAR ONLY

M. D. B. 126 F 09502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09502

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3312 Elgin Ave St., 15 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Rose

(a) Residence: No. 3312 Elgin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Rose

6. DATE OF BIRTH (month, day, year) Mch. 17, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Emanuel Greenbaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Steral

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Charles Rose

(Address) 3312 Elgin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Chas Sinai Cem Date Feb. 11 1935

19. UNDERTAKER Leonard Sonnheim & Son

(Address) 1902 Eutaw Place

20. FILED 19 Registrar

FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Feb 9 1935

I last saw h alive on Feb 8 1935. Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and paralysis (Sept 21) 34 also Jan 25/35	Sept 21/34 Jan 1/35
Other contributory causes of importance:	
Arterio-sclerosis	1926
Hypertension	1926

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Walter D Tibbitt M. D.

(Address) 2220 Gaywas Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 09503

F 09503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Mchenry St. St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Heinz

(a) Residence: No. 2524 Mchenry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Late John Heinz

6. DATE OF BIRTH (month, day, year) Aug. 2, 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (0037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Seabold

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. Anna J. Schmidt

(Address) 2524 Mchenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb. 11, 19 35

19. UNDERTAKER Harry F. Witzke

(Address) 4101 Edmondson Ave.

20. FILED FEB 10 1935 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th, 1935, to Feb 9-, 1935

I last saw her alive on Feb 8, 1935 Death is said to have occurred on the date stated above, at 2 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/8/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical (Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

2/9/35 (Signed) Wells Hennessy, M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

F 09504

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09504

CERTIFICATE OF DEATH

11-B

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2708 Baker ST. 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Angelus Francis Stone

(a) RESIDENCE NO. 2708 Baker ST., WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced (or) WIFE of: Sidney Stone

6 DATE OF BIRTH (month, day, and year): June 8/1857

7 AGE — Years: 77 Months: 8 Days: 0 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Hughesville Md.

PARENTS

10 NAME OF FATHER: Richard Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hughesville Md.

12 MAIDEN NAME OF MOTHER: Ann Langley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Florance Stone

(Address) 2708 Baker St

15 Filed 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby 8 - 35

17 I HEREBY CERTIFY, That I attended deceased from Jany 20 19 35 to Feby 8 19 35

that I last saw her alive on Feby 8 19 35

and that death occurred, on the date stated above, at 4.15 p m.

The CAUSE OF DEATH* was as follows:

Acute Streptococcus

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical methods

(Signed) Geo B Shannon, M. D.

2/9 19 35 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem.

DATE OF BURIAL: 2/11/35 19

20 UNDERTAKER: R W Meyer

ADDRESS: 1630 Arlington Ave

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. [illegible] F 09505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09505

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Harvey Utz

(a) Residence: No. St. Vincent's Orphange Towson Md. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3 - 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harvey Utz

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary McCubbins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT St. Vincents Orphanage (Address) York Road Towson

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date Fd. 12 35

19. UNDERTAKER Chas. T. Graves & Son (Address) 1181 W. Mt Royal Ave

20. FILED [illegible] 19 [illegible] Registrar.

FEB 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 8 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-19-35, 19 to 2-8, 1935

I last saw him alive on 2-8, 1935. Death is said to have occurred on the date stated above, at 1.58 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia. Bilateral.	
Rheumatic Endocarditis Mitralis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

53

M. D. B 1203-1

F 09506

F 09506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Light St. St., 23 Ward)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John N. Diener.

(a) Residence: No. 1302 Light St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of XXXXXXXXXX Bertha M. Diener.

6. DATE OF BIRTH (month, day, year) March 2, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Diener.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Christina Kramer.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Bertha M. Diener. (wife)
(Address) 1302 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorain Oakley Date Feb 11, 1935

19. UNDERTAKER A. Howard Evans
(Address) 88 E Fort Ave

20. FILED FEB 12 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Cerebral Hemorrhage.
Hemiplegia.

Other contributory causes of importance:

Name of operation None. Date of ...
What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Steinhardt Coroner, M. D.
2/9/35 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

F 09507

M. D. P. 126 F 09507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Jackson St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeannie Elizabeth Murphy

(a) Residence: No. 1512 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert D. Murphy

6. DATE OF BIRTH (month, day, year) April 14 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County, Md.

FATHER

13. NAME Louis Selby

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

MOTHER

15. MAIDEN NAME Jane Gibbin

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Robert D. Murphy
(Address) 1512 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Springfield Conn Date Feb. 14 1935

19. UNDERTAKER A. Howard Evans
(Address) 320 East Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1934 to Feb 8 1935

I last saw her alive on Feb 8 1935 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix uteri	about 1½ yrs

Other contributory causes of importance:

Name of operation Radium Date of Aug 1934

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Clisten M. D.

(Address) 1319 Light St.

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 126 F 09508

F 09508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8 Ward)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Rolle

(a) Residence: No. 537 E. North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosalie Rolle

6. DATE OF BIRTH (month, day, year) June 4, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0029

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bel Air Md

FATHER

13. NAME Thomas Rolle

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Ella J Evans

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT (Address) Rosalie Rolle 1837 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Feb 11 1935

19. UNDERTAKER (Address) A. Hogan & Sons 25 E. Eager St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1935 to Feb. 8 1935

I last saw him alive on Feb 8 1935. Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	
Cardiac hypertrophy & dilatation	
Chronic myocarditis	

Other contributory causes of importance:

Chronic bronchitis and emphysema	
Bronchial asthma	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Hurwitz M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 09509

F 09509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N Idaho St. St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George S. Bertrand

(a) Residence: No. 112 N Idaho St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Bertrand

6. DATE OF BIRTH (month, day, year) Oct 20th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76 75	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Frame Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Bertrand

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Alice Cochran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary F. Bertrand
(Address) 2229 Lehaven St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Mem Date Feb 11 1935

19. UNDERTAKER Leo G. Leach
(Address) 1723 N. Patterson Park Ave

FILED FEB 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1935 to Oct 8 1935

I last saw h[illegible] alive on Oct 8 1935 Death is said to have occurred on the date stated above, at 1500 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/6/35

Other contributory causes of importance: Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) W. A. Magee M. D.

(Address) 3604 E Baltimore St

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126

F 09510

F 09510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Park Ave St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Horace M. Davis

(a) Residence: No. 614 Park Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lucy Dodson

6. DATE OF BIRTH (month, day, year): July 15 1883

7. AGE: Years 52 | Months 6 | Days 24 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Surg Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1953

12. BIRTHPLACE (city or town) (State or country): California

FATHER

13. NAME: Horace M Davis

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Emma Williams

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary Davis

(Address): 614 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Feby 10 1935

19. UNDERTAKER: John C Mitchell & Sons Inc

(Address): 1900 Eutaw Place

20. FILED 19 Registrar

FEB 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Asphyxiated by Illuminating Gas	

Other contributory causes of importance:

1.30 P.M. Was leaving office

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1929 F 09511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09511

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Holden

(a) Residence: No. 420 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate

6. DATE OF BIRTH (month, day, year) Apr 16/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk- Record 6009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office- Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Holden

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hanlon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Kate Holden

(Address) 420 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cath. Date 2/11 1935

19. UNDERTAKER J. A. Moran

(Address) 3000 E. Balto. St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 5.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	
Fracture of rt hip	Jan 26

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 26/35

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place slipped & fell on sidewalk in front of 414 E. Biddle

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Owen M. D. Coroner

(Address) 108 E. Lanvale St.

Use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 09512

Spec—12-23-21—E.B.R.S.—400 Bks.

F 09512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 107-a

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 605 Springfield Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mrs Theresa Connolly

(a) Residence No..... 605 Springfield Ave. St.,..... Ward.....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced ~~Husband~~ of (or) WIFE of Michael H Connolly

6-DATE OF BIRTH (month, day and year) Aug 1862

7-AGE, 72 yrs. 5 mos. ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Horse

(b) General nature of Industry, business, or establishment in which employed (or employer) Works

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Ireland

PARENTS.

10-NAME OF FATHER, Bernard Donohue

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Annie Owens

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

14- (Informant)..... J Connolly

(Address)..... 605 Springfield ave

15-

Filed..... 19.. Registrar.....

ED 10 1935 Washington [illegible]

6

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 8 1935

17- I HEREBY CERTIFY, That I attended deceased from January 31 1935 to February 8 1935

that I last saw h.. alive on February 8 1935

and that death occurred, on the date stated above, at 4 50 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) Chas E Flanagan M. D.

4 19 (Address) 4702 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cem. DATE OF BURIAL, 2/12/ 19 35

20-UNDERTAKER: J J Moran ADDRESS 300 E Balto St.

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 09513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09513

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 1 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Briscoe

(a) Residence: No. 504 Moore st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Briscoe

6. DATE OF BIRTH (month, day, year) Feb. 8, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Moses Bennett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Zoler Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Hill Date 2/10 '35

19. UNDERTAKER J. J. Staley Son

(Address) 1315 Light St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1934, to February 2, 1935

I last saw her alive on February 2, 1935. Death is said to have occurred on the date stated above, at 3.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Tuberculosis	June 1934
2. Cardiac Decompensation	July 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 126-F

F 09514

F 09514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 93-P

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 25 Ward) 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Manney.

(a) Residence: No. 335 S. Highland Ave - Ward. New York N. Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9/16/1883.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horse 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State.

FATHER

13. NAME George.

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Canada.

17. INFORMANT Records B C H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 2/10 '35

19. UNDERTAKER E. J. Gahey Sons

(Address) 1318 Light St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/28 1934 to 2/5 1935

I last saw him alive on 2/5 1935 Death is said to have occurred on the date stated above, at 12 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocardial insufficiency	
2 Congestive failure	2 yrs.
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 F 09515 F 09515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Sefton St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J Grace

(a) Residence: No. 1806 Sefton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Grace

6. DATE OF BIRTH (month, day, year) Oct 14 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John Grace

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret McDonald

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William Grace

(Address) 1806 Sefton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon P K Date 2/11 1935

19. UNDERTAKER Edward Foulkrod

(Address) 2309 Madison Blvd

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to Feby 8 1935

I last saw h[illegible] alive on Feby 7 1935 Death is said to have occurred on the date stated above at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Interstitial Nephritis	?
Bronchopneumonia as Complication	3 wks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. M. Kurtzer M. D.

(Address) 410 Mad Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD.

V. S. 3

FEB 10 1935

M. D. B. No. F 09516

F 09516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178 F

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on arrival at Hopkins Hospital St., 3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Tana

(a) Residence: No. 1609 Gough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Jan 26/1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	0	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Sewage Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Tana

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Conchetta Laverghetta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Samuel Tana
(Address) 311 S. High St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 2/11/35

19. UNDERTAKER Wendell J. Dillard
(Address) 3605 Edmondson

20. FILED FEB 11 1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at before 1 P. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suffocation from smoke	
Home-not given	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 7/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Clothes burned in wash boiler after it boiled dry filling kitchen and adjoining bedroom where he was asleep.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner, M. D.
(Address) 508 E. Fayette

Be sure CAUSE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1168-9 F 09517

F 09517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4017 Falls Road (St.) 3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Gerndt

(a) Residence: No. 4017 Falls St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Louise Gerndt

6. DATE OF BIRTH (month, day, year): Nov 25 1871

7. AGE: Years 63 | Months 2 | Days 17/5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cafe Barber Shop
10. Date deceased last worked at this occupation (month, day, year): June 29 34
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Newark N. J.

FATHER

13. NAME: Charles E Gerndt
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Nibuth
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Adolph E. Gerndt
(Address) 4017 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Place: National Cemetery Date: Feb 12th, 1935

19. UNDERTAKER: Mulleaux Cook
(Address) 2 St Paul Street

20. FILED: Feb 11 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1934 to Feb. 9, 1935, last saw him alive on Feb 8th, 1935. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

Fracture Neck of Femur — Date of onset June 29 1934

Pneumonia Bilateral — Date of onset Jan 3rd 1935

Other contributory causes of importance: Bilateral Bronchopneumonia, acute Coronary Occlusion

Name of operation: None — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury June 29 1934

Where did injury occur? Nathan Market
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public

Manner of injury: Slipped fell on grease

Nature of injury: Fracture Neck of Femur

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify: Injured while on duty

(Signed) F. S. Hundley M. D.

(Address) 443 E-25 East St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9 F 09518 F 09518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH
CITY OF BALTIMORE: (Union Memorial Hospital St., [illegible] Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael A. Flannery

(a) Residence: No. 2814 St. Paul St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If ~~married, widowed or divorced~~ Wife of Mary E. Flannery

6. DATE OF BIRTH (month, day, year) Oct 4th 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	4	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Infantry
10. Date deceased last worked at this occupation (month and year) ✗
11. Total time (years) spent in this occupation ✗

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Patrick Flannery
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME ? Burke
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lieut P. M. Selcer
(Address) Aberdeen Proving Ground Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Feb 12th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED FEB 11 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	
Pulmonary Edema	
Other contributory causes of importance:	
Ascites -	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] M. D.
(Address) 1692 Roland Ave

OCCUPATION is very important. See instructions on back of certificate. USE INK. DEATH in plain terms, so that it may be properly classified. Exact statement of

M. D. B. F 09519

F 09519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals | V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie P. Hickey

(a) Residence: No. 202 E. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of John G. Hickey

6. DATE OF BIRTH (month, day, year) Jan 18th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schuh

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Bertha E. Clarke

(Address) 202 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Feb 12th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 11 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Fracture of R. Femur accidental

Name of operation Date of

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of Injury Feb 5 1935

Where did Injury occur? 202 E Lafayette
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Home

Manner of Injury Fell down stairs.

Nature of Injury Fract R Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B P Herzog MD Coroner, M. D.

(Address) 1303 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate. DEATH is plain terms, so that it may be properly classified. Exact statement of EXACTLY. PHYSICIANS should

M. D. B. 1265

F 09520

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09520

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E. North Ave St. 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar O. Sherman

(a) Residence: No. 1824 E. North Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Mary K. Sherman

6. DATE OF BIRTH (month, day, year) Jan 28th 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Monotype Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Oscar Sherman

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Sallie Wright

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Mary T. Sherman

(Address) 1824 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb 11th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Feb 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16 35 to Feb 9 35

I last saw h~~er~~ alive on Feb 9 1935 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Arteriosclerosis	
Other contributory causes of importance:	
Edema Kidneys	
Pulmonary Oedema	1 day

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Thom M. D.

(Address) 1220 N. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12-29 F 09521

F 09521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 27

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Katherine Mood

(a) Residence: No. 226 West Cold Spring Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Washington C. Mood

6. DATE OF BIRTH (month, day, year) July 5, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary to Dr. Chas. Bagley

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician's Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward J. Smead

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Charlotte A. West

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 2/13, 1935

19. UNDERTAKER Howard B. Mears and Son

(Address) 809 W. Lanvale St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1935, to Feb 10, 1935

I last saw h[illegible] alive on Feb 9, 1935 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	1-28-35
Other contributory causes of importance:	
Bronchopneumonia	DOW
Left lung, right	2-7-35

Name of operation Left oophorectomy Date of 1-29-35

What test confirmed diagnosis? ——— Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——— 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible] specify

(Signed) [illegible] M. D.

(Address) Mercy Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0 F 09522

F 09522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1008 No. Calvert St., 11 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Williams Sanford

(a) Residence: No. 1008 No. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Samuel Ruiz Sanford

6. DATE OF BIRTH (month, day, year) June 11 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
6	68	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Buffalo (State or country) N. Y.

FATHER

13. NAME John B. Williams

14. BIRTHPLACE (city or town) Charleston (State or country) S.C.

MOTHER

15. MAIDEN NAME Carolyn Winslow

16. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

17. INFORMANT Henry Gordon Ewing (Address) 1205 N. Calvert St

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Green Mount Date Feb 11 1935

19. UNDERTAKER Henry W. Jenkins Sons Co (Address) McCulloh & Richard Sts

20. FILED Feb 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to 2-9 1935

I last saw h SR alive on 2-8 1935 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LYMPHOSARCOMA	1934

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Dorsey, M. D.

(Address) 1129 St Paul St

VS 3

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-3

F 09523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09523

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily A. Kennedy.

(a) Residence: No. Balto. City Hosp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, divorced~~ WIFE of J. P. Kennedy

6. DATE OF BIRTH (month, day, year) 7/4/1851.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83.	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Joseph Keller

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Barbara Schrott

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records Bd. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date 2/11/25

19. UNDERTAKER John Cowan & Son
(Address) 9 E. Lexington St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 . 1925

22. I HEREBY CERTIFY, That I attended deceased from 7/1 . 1932 to 2/8 . 1925

I last saw her alive on 2/8 . 1925 Death is said to have occurred on the date stated above, at 3:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz . M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-S F 09524

F 09524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St., Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 4 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Thelma Wilhelmina Kral

(a) Residence: No. 1802 Spence St, Monell Park, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Kral

6. DATE OF BIRTH (month, day, year) September 28, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alfred Seligman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Amanda Hellinger

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn, Date 2/12/1935

19. UNDERTAKER John F. Cowan & Son

(Address) 601 Fallsway

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1935 to Feb 9, 1935

I last saw her alive on Feb. 9, 1935 Death is said to have occurred on the date stated above, at 8:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe	1-30-35
Bronchopneumonia	2-7-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Babcock M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of FINAL RECORD. Every item of stated EXACTLY. PHYSICIANS should

D 3

D 11 1935

M. D. F. 09525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09525

186-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 13 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C. Frock

(a) Residence: No. 3501 Buena Vista Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm. Frock

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Lair

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Clifton Frock

(Address) 3501 Buena Vista Ave

18. BURIAL, CREMATION, OR REMOVAL

Manchester Md. Date Feb 12 1935

19. UNDERTAKER Chenoweth & Son

(Address) 3615 17 Chestnut Ave

20. FILED ... 19 ... Registrar.

B 11935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of skull — Accidental

Cause by falling down house steps

Other contributory causes of importance:

Date of onset

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident

Accident, suicide, or homicide ... Date of injury Feb 9, 1935

Where did injury occur? At his home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Falling down house steps

Nature of injury Fractured base of skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, state ...

(Signed) Jno. H. Mosser M. D.

(Address) 2677 Roland Ave Coroner

VSG OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of... PHYSICIANS should

M. D. B 1263-9

F 09526

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09526

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1704 Orleans St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Joseph H.A. Martin

(a) Residence: No. Lynchburg Va St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) West Indies (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country)

17. INFORMANT Richard Smith (Grandson)

(Address) 91 N. Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Glen Date 2/12, 1935

19. UNDERTAKER Paul P. Crane & Son

(Address) 638 N. Gilmor

20. FILED FEB 11 1935, 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at 9 A.M. nf.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3 wks ago
History- Paralyzed 3 wks ago in Va.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H.H. Dallam, M. D.

(Address) 1126 E. Fayette Coroner

EXACTLY. PHYSICIANS should OCCUPATION is very important. See instructions on back of certificate. Exact statement of

FEB 11 1935

M. D. F 12-29 F 09527

F 09527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto City Hosp St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thompson.

(a) Residence: No. 902 Mc Donough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Madina Thompson

6. DATE OF BIRTH (month, day, year) Oct 28. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Daniel Thompson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susan Towe

16. BIRTHPLACE (city or town) (State or country) ? md

17. INFORMANT Robt. Thompson Records Bett.

(Address) 902. Mc Donough

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date Feb 11 1935

19. UNDERTAKER Saml. P. Gilmor & Son

(Address) 235 N. Gilmor

20. FILED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/19 1934 to 2/8 1935

I last saw him alive on 2/8 1935 Death is said to have occurred on the date stated above, at 2 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & congestive failure	5 mo
Hypertension	5 mo ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp

FEB 11 1935

V-8 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 09528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09528

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) — Registered No.

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Marie Winko

(a) Residence: No. 702 Mura st. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory do

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) York Pennsylvania

FATHER

13. NAME Frank Winko

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bessie Shoemaker

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Cremation Tues at 2 pm

Place ..... Date Feb 12 1935

19. UNDERTAKER Jacob Fink & Sons

(Address) Manchester Md. Jno.

20. FILED ..... 19..... Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1934 to February 9, 1935

I last saw her alive on February 9, 1935 Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) M. W. Jacobson M. D.

(Address) Baltimore City Hospitals

IMPORTANT.—This CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 22 F 09529

F 09529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Penna ave St., 14 Ward) 17

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Gassoway

(a) Residence: No. 1236 Penna ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Moses Gassoway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Sparrow

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John H. Gassoway

(Address) 1236 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 2/12/ 35

19. UNDERTAKER Frances A Hemsley

(Address) 57 & W. Biddle St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Feb 9 1935

I last saw him alive on Feb 8 1935 Death is said to have occurred on the date stated above, at 7 08 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2/6
	25

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. J. Steketee M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

B 11935

11 1935

M. D. R. 126

F 09530

F 09530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Tuberculosis Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Edleman

(a) Residence: No. 822 W/ Baltimore St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White ~~Black~~

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Amelia

6. DATE OF BIRTH (month, day, year) Aug 12, 1897

7. AGE: Years 37 | Months 6 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Jacob Edelman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman Edelman

(Address) 1226 St Mathew St

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Mt Carmel Rd Date Feb 11, 1935

19. UNDERTAKER Sol Levinson Bro

(Address) 1017 E Balto St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934 to Feb 10, 1935

I last saw him alive on Feb 10, 1935 Death is said to have occurred on the date stated above, at 10 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Balto City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 (Rev.)

F 09531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09531

X 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Horace W. Triplett

(a) Residence: No. Wood Lawn, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hilda E. Triplett

6. DATE OF BIRTH (month, day, year) Feb. 22-1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. First National Bldg Co.

10. Date deceased last worked at this occupation (month and year) February 1935

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Horace E. Triplett

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME B. Nettie Dell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. H. E. Triplett

(Address) Wood Lawn, Md.

18. BURIAL, CREMATION, OR REMOVAL Feb. 11 19 35

Place Mt. Olive Cem.

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8- 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage (Spontaneous)	2/8/35
Other contributory causes of importance:	now

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Zeller M. D.

Coroner

(Address) 2039 Eastern Ave.

M. D. B. 126 (Rev.) CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 09532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09532

CERTIFICATE OF DEATH

42-a

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2754 TIVOLY AVE St. 9 WARD)

2—FULL NAME VIRGINIA AUGUSTA RICHARDSON.

(a) RESIDENCE NO. 2754 TIVOLY AVE ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
FEM.	W.	WIDOWED

5a If married, widowed, or divorced
HUSBAND of WILLIAM L. RICHARDSON
WIFE of

6 DATE OF BIRTH (month, day, and year) SEP. 30, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work RETIRED (HOUSE WIFE)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) HARFORD CO MARYLAND.

PARENTS

10 NAME OF FATHER GEORGE M. FOARD.

11 BIRTHPLACE OF FATHER (city or town) (State or country) HARFORD CO MARYLAND

12 MAIDEN NAME OF MOTHER CAROLINE C. KEITH.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) CECIL CO MARYLAND.

14 Informant FLORENCE R. SALMON

(Address) 2754 TIVOLY AVE.

15 Filed FEB 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) FEB. 8, 1935.

17 I HEREBY CERTIFY, That I attended deceased from FEB. 1923 to FEB. 6 1935.

that I last saw her alive on FEB. 6 1935

and that death occurred, on the date stated above, at 5.30 A. m.

The CAUSE OF DEATH* was as follows:

VALVULAR HEART DISEASE

(CHRONIC MITRAL INSUFFICIENCY)

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Guy K. Hereombrg M. D.

19 (Address) 2754 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Feb 11 1935
20 UNDERTAKER John J. Lennig	ADDRESS 715 Light St

IMPORTANT. See instructions on back of certificates. Use plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

F 09533

M. D. B. 1938

F 09533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4329 Old York Rd. Ward) 7

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Patterson

(a) Residence: No. 4329 Old York Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Agnes Patterson

6. DATE OF BIRTH (month, day, year) May 3 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Thomas H Patterson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Ellen Burnside

16. BIRTHPLACE (city or town) (State or country) Galashiels Scotland

17. INFORMANT Mrs Agnes Patterson
(Address) 4329 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Feb 13. 1935

19. UNDERTAKER Gorsuch & Denny
(Address) 715 Light St.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1935 to Feb 9 1935

I last saw him alive on Feb 9 1935 Death is said to have occurred on the date stated above, at 12.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Feb 1935
Other contributory causes of importance:	
Cardiac Myocarditis	2 days

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W. Wheaton M. D.

(Address) 4309 York Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V S 3

FEB 11 1935

Spec.—9-30—A. & Co.—250 Bks.

F 09534

F 09534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 Cedardale Road ST. 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Florence Augusta Arnold

(a) RESIDENCE NO. 350 Cedardale Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 ~~Single, Married,~~ Widowed, ~~or Divorced, (write the word)~~ Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar F. Arnold

6 DATE OF BIRTH (month, day, and year) Jan 21-1857

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	18	

8 OCCUPATION OF DECEASED None

(a) Trade, profession or particular kind of work

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md. Co. Md.

PARENTS

10 NAME OF FATHER Jos McCoy Rourke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Lucas.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant (Address) Mrs Mary M Shazier 350 Cedardale Road

15 Filed FEB 11 1935 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 9-1935

17 I HEREBY CERTIFY, That I attended deceased from Febry. 7, 1935, to Febry 9, 1935, that I last saw h~~e~~r alive on Febry. 9 1935 and that death occurred, on the date stated above, at 11.35 a. m.

The CAUSE OF DEATH* was as follows:

Chr. Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Paul Brown M. D.

2/10 1935 (Address) 1663 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL Feb 12 1935

20 UNDERTAKER Richard E. Gore ADDRESS 2224 N. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

M. D. B. F 09535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09535

CERTIFICATE OF DEATH

X V 93-C

1. PLACE OF DEATH U. S. Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Md. St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Witte

(a) Residence: No. Joppa Road and Ridgely Ave., St., Ward.

(Usual place of abode) Fullerton, RFD, Carney, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary H. Stewart Witte

6. DATE OF BIRTH (month, day, year) May 10, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year) 1-15-34

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Witte

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Anna Cranksperger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT U.S. Marine Hospital Records,

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 2/11 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Mulberry sts

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8 1935

22. I HEREBY CERTIFY, That I attended deceased from February 6 1935 to February 8 1935

I last saw him alive on February 8 1935. Death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic, cause undetermined	unk.
Hypertrophy, cardiac, and dilitation	unk.
Thrombosis, multiple, including mural and pulmonary	unk.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. T. Ceder, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S S 3

FEB 11 1935

F 09536

M. D. B. 1[illegible]

F 09536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1310 E. Eager St., 10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna T. Simon

(a) Residence: No. 1310 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress 5064

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Adam Simon

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Caroline Hoffman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Miss Mary C. Simon

(Address) 1310 E. Eager

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date February 12 1935

19. UNDERTAKER Henry Hoech Sons, Inc.

(Address) 1301 E. Eager

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1934 to Feb 9th 1935

I last saw her alive on Nov. 8 1935 Death is said to have occurred on the date stated above, at 11.42 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2 mos

Arteriosclerosis

Hypostatic Pneumonia

Other contributory causes of importance:

Myocarditis — 1 wk

Name of operation none Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. M. Flowers M. D.

(Address) 1512 N. Broadway

FEB 13

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09537 F 09537

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 522 Brunswick St. St., 20 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U.S. If of foreign birth? 51 yrs. mos. ds.

2. FULL NAME Ludwig A. Fischer.

(a) Residence: No. 522 Brunswick St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Bertha V. Fischer.

6. DATE OF BIRTH (month, day, year) March 22-1854.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dye-Worker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Bertha V. Fischer.
(Address) 522 Brunswick St.

18. BURIAL, CREMATION, OR REMOVAL. Place Laurel Ridge Cem. Date Feb. 11th, 1935.

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

CO. FILED FEB 11 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1934 to Feb 8, 1935

I last saw him alive on 2/8, 1935 death is said to have occurred on the date stated above, at 11.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	
Chronic interstitial nephritis with hypertension	?
Other contributory causes of importance:	
Coronary thrombus	2 hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Damian P. Alonzo M. D.

(Address) 33 W. Redwood St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

M. D. B 1268-9

F 09538 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09538

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Bradford Walker, Jr.

(a) Residence: No. 940 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 11/1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	28	17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fredericksburg
(State or country) Va

FATHER

13. NAME James Bradford Walker

14. BIRTHPLACE (city or town) Fredericksburg,
(State or country)

MOTHER

15. MAIDEN NAME Freda Tyson

16. BIRTHPLACE (city or town)
(State or country) Fredericksburg, Va

17. INFORMANT Father
(Address) 940 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Fredericksburg Date Feb. 13, 1935

19. UNDERTAKER L. L. Burruss
(Address) 1010 St Paul St

20. FILED , 19 , Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis (	

Other contributory causes of importance:

Ruptured Appendix	

Name of operation Drainage Date of 2/9/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Mackenzie, M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1268-9

09539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09539

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N. Patterson Park Ave. St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LOUIS GERBER

(a) Residence: No. 907 N. Patterson Park Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Gerber

6. DATE OF BIRTH (month, day, year) Feb. 6. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner, Marble & Monument Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3045

10. Date deceased last worked at this occupation (month and year) Jan. 1935

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Gerber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Walters

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Margaret Gerber (Wife)

(Address) 907 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Feb. 11, 1935

Place Date

HENRY SANDER & SONS, INC.

19. UNDERTAKER Per F. Sander

(Address) Baltimore & Broadway

20. FILED ..... 19..... Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8. 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24th 1935 to Feb. 8th 1935

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
due to Ch. Arterio-	
Sclerosis. & Causing	2 Weeks
Left Hemiplegia	

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jefferson Brack M. D.

(Address) 5 Club Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

E 09540 68-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09540

CERTIFICATE OF DEATH

V 46 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

2. FULL NAME John Breckles (John Breckel)

(a) Residence No. 2710 Boston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin shop - 008

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin-Decorating Co.

10. Date deceased last worked at this occupation (month and year) Jan. 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Breckels

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gertrude ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Breckles (deceased)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mt. Carmel Cem. Place Feb. 13. 1935 Date

19. UNDERTAKER HENRY SANDER & SONS. INC. H. Sander

(Address) Baltimore & Broadway.

FILED FEB 11 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-24 1935 to 2-10 1935

I last saw him alive on 2-10 1935 Death is said to have occurred on the date stated above, at 1:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Sept. 193[illegible]
Other contributory causes of Importance:	
Broncho - pneumonia	2 days.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. F. Mentzer M. D.

(Address) Balto. City Hospt.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 9541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 9541

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 15 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Howard A. Dugdale

(a) Residence: No. 2613 West Lanvale Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Dugdale

6. DATE OF BIRTH (month, day, year) Oct 3/1874

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
0 5	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Field representative

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warner Bros. Pictures

10. Date deceased last worked at this occupation (month and year) January 21/1935

11. Total time (years) spent in this occupation 0 0 6

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Williams Dugdale

14. BIRTHPLACE (city or town) (State or country) Yorkshire England

MOTHER

15. MAIDEN NAME Eleanor Graham

16. BIRTHPLACE (city or town) (State or country) Londonderry Ireland

17. INFORMANT Elizabeth Dugdale

(Address) 4210 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Feby 13 1935

19. UNDERTAKER Harry R Zimmerman Son

(Address) 4204 Ridgewood Ave

FEB 11 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10 1935

22. I HEREBY CERTIFY, That I attended deceased from February 4 1935 to February 10 1935

I last saw h... alive on February 10 1935. Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Urethral stricture	
2. Prostatic hypertrophy	
3. Cerebrovenous cystitis	
4. Acute urinary retention.	
Other contributory causes of importance:	
1. Toxaemia	

Name of operation Cystotomy Date of 2-6-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J M Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

M. D. B. 1268-9

F 09542

F09542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Dundalk St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

2. FULL NAME Antonio Lapetina

(a) Residence: No. 1101 Dundalk Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Lapetina

6. DATE OF BIRTH (month, day, year) April 10 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Lapetina

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Theresa ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Peter Lapetina

(Address) 1101 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 12 1935

19. UNDERTAKER Martin H. & T. Duppel

(Address) 37 S. Ann St

20. FILED ... 19... Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1934 to Feb 10 1935

I last saw h/im alive on Feb 9 1935 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset

Other contributory causes of importance:

Diabetes Mellitus, Coma, Arteriosclerosis Nephritis Ch Myocarditis Chronic

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ella Gretchen M.D.

(Address) 46 E. Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 4268-1

F 09543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09543

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Division St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Jr. Robinson

(a) Residence: No. 1712 Division St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 17-1934

7. AGE: Years ..... Months 5 Days 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: James Robinson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Gibson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mason Gibson

(Address) 1712 Division

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 2. 11 35 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 9th 35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	
	5 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Lewis Coroner M. D.

(Address) Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

FEB 11 1935

M. D. F. No. F 09544 ✓ F 09544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. - St., 14 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian B. Annister

(a) Residence: No. 1912 McCullough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 3/28/91

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Warner Henry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jennie Harris

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Jennie Griffin (Cousin)
(Address) 1561 Baker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 2/11 35 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED 19 Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/4 . 1935 to 2/6 . 1935

I last saw her alive on 2/6 . 1935 Death is said to have occurred on the date stated above, at 2a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & congestive failure Nephritis chronic	10 mo.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Waite M. D.
(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 5 3

M. D. B. [illegible]

F 09545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09545

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2109 Park ave St., 13 Ward)

Length of residence in city or town where death occurred 47 yr. .... mos. .... da. How long in U. S. If of foreign birth? 74 yr. .... mos. .... da.

2. FULL NAME Israel Markowitz

(a) Residence: No. 2109 Park ave St. 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (Write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Markowitz

6. DATE OF BIRTH (month, day, year): 1859

7. AGE: Years: 76 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Merchant 40 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Hyman W. Markowitz

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rose

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs Goodman

(Address): 2109 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: 2/11/35, 19

19. UNDERTAKER: Isaac Levin Sons

(Address): 1439 E. Baltimore St

20. FILED: FEB 11 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-10-1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Pulmonary Edema

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Mayssee M. D.
Coroner

(Address) 2672 Roland Ave

Please information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 126

T 09546

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 09546

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 E. Balto St., W Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? 29 yrs. mos. ds.

2. FULL NAME Jennie Block

(a) Residence: No. 1819 E. Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Solomon

6. DATE OF BIRTH (month, day, year) 1865

7. AGE: Years 70; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Cecil Lenberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul Block - Son

(Address) 1819 E. Balto st

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. Rd Date 2-11-35. 19

19. UNDERTAKER Jos. Lenz Son

(Address) 1439 E. Balto st

20. FILED ..... 19 ..... Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Bronco Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. J. Herzog MD Coroner, M. D.

(Address) 1305 N Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S C

M. D. B. 1938-9 F 09547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09547

27-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital 70 St., Alexander Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert A Stevenson

(a) Residence: No. 530 W. Lexington St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Stevenson

6. DATE OF BIRTH (month, day, year) 4-25-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?) 15

10. Date deceased last worked at this occupation (month and year) (?)

11. Total time (years) spent in this occupation. (?)

12. BIRTHPLACE (city or town) (State or country) Flint, Mich.

FATHER

13. NAME Alonzo Stevenson

14. BIRTHPLACE (city or town) (State or country) Flint, Mich

MOTHER

15. MAIDEN NAME Mattie Chambers

16. BIRTHPLACE (city or town) (State or country) Flint Mich

17. INFORMANT patient

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va. Date Feb 11 1935

19. UNDERTAKER W J Tuckman & Sons

(Address) North & Penna

20. FILED FEB 11 1935 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1933 to 2-10-35

I last saw him alive on 2-9 1935 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Osteo myelitis, Left Femur and Pelvis.	1½ yrs. (?)
Other contributory causes of importance: Malnutrition Secondary Anemia	(?) (?)

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert F. Mauntin M. D.

(Address) Balto City Hospt.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Only that information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

Stock F 12-2 [illegible] 100 Blks.

F 09548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH — Registered No. 31

City of BALTIMORE: (No. 3127 Belmont Ave. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rose Belle Barnes

(a) Residence No. 3127 Belmont Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced (Write the word): Divorced

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jesse R. Barnes

6-DATE OF BIRTH (month, day and year): July 6-1878

7-AGE: 56 yrs. 7 mos. 2 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS.

10-NAME OF FATHER: Wm Mills

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto Md

12-MAIDEN NAME OF MOTHER: Rebecca Smith

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Balto. Md

14- (Informant): Daughter

(Address): 2027 Pulaski St.

15- Filed, ..., 19?

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): Feb. 8 35

17- I HEREBY CERTIFY, That I attended deceased from May 1 1929 to Feb 8 19 35

that I last saw h. alive on Feb 8 19 35

and that death occurred, on the date stated above, at 10.15 P.M.

The CAUSE OF DEATH* was as follows:

Hypertrophied and Enlarged Heart

(Duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary): Nephritis

(Duration) yrs. mos. 0.0.7. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Costello M. D.

19 (Address) 335 E. 31st St Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: Feb 11, 19 35

20-UNDERTAKER: Wm J Tukner & Son

ADDRESS: Mt Royal & Pa

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. [illegible] 09549 ✓ F 09549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St., 15 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Lee Davis. ~~Davis~~
(a) Residence: No. 3022 Garrison Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Colored 64	✓	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Librarian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Library. of to
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME ~~Edward~~ Russell Davis
14. BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ Virginia

MOTHER
15. MAIDEN NAME Susanna Bratt.
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Feb 13 1935

19. UNDERTAKER Stuart Shepherd Sons
(Address) North & Penna

20. FILED [illegible] 19 [illegible] Registrar.
FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-35 19

22. I HEREBY CERTIFY, That I attended deceased from 2-9-35 19 to 2-11-35 19
I last saw her alive on 2-11-35 19 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	Prior to Feb 9, 1935
Other contributory causes of importance: Obstruction due to Carcinoma of Bowel	

Name of operation Exploratory laparotomy Date of 2-9-35
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Claude Elliott Bullock M. D.
(Address) Maryland General Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1269 F 09550 ✓ F 09550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital) St., 13 Ward)

Length of residence in city or town where death occurred 70 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isadore Goldstein

(a) Residence: No. Temple Gardens Apts. St., Ward. Phila Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (Sarah)
HUSBAND of (or) WIFE of Mrs. Isadore Goldstein

6. DATE OF BIRTH (month, day, year) Feb 2, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer 6000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

FATHER

13. NAME Morter Goldstein

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Anna Lipson

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Mrs. I. Goldstein
(Address) Temple Gardens Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Hebrew Cem Date Feb. 12 1935

19. UNDERTAKER Reid Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ..... 19 ..... Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1935 to Feb. 10 1935

I last saw h/m alive on Feb 10 1935 Death is said to have occurred on the date stated above, at 6:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	8yrs.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

N. B.—WRITE LEGIBLY, with ink. All questions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-F 09551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09551

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 Linden Ave. St., 13 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Grunebaum

(a) Residence: No. 2226 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Grunebaum

6. DATE OF BIRTH (month, day, year) Sept. 21, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Goetz Rosenburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie Katz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Greentree (Son)
(Address) Mt. Royal Hotel

18. BURIAL, CREMATION, OR REMOVAL
Place Brooklyn, N.Y. Date Feb. 13 1935

19. UNDERTAKER David Londheim & Son
(Address) 1902 Eutaw Place

20. FILED FEB 11 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Feb 10, 1935

I last saw h[illegible] alive on Feb 10 1935 Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/10/35
Other contributory causes of importance:	
Generalarteriosclerosis	1930
Angiocardiitis	
Senility	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Emily Wagner M. D.

(Address) Esplanade Apts.

V. S.—WRITE CLEARLY. WITH LEAD PENCIL OR INDELIBLE PENCIL. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126

F 09552

294799

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09552

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Sydnor

(a) Residence: No. 1809 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-12-90

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Stevan Clark

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie Flemming

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date Feb 11 35 19

19. UNDERTAKER T. E. Kelson
(Address) 1303 Presstman St

20. FILED 19 Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1935 to Feb 8 1935

I last saw her alive on Feb 8 1935. Death is said to have occurred on the date stated above, at 11 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2 days ago
Thrombosis, Superior Mesenteric artery (embolus)	2 days ago
Peritonitis	1 day
Other contributory causes of importance:	
Arteriosclerosis	?
Diabetes mellitus	3 yrs ago

Name of operation Date of

What test confirmed diagnosis? ECG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Night Resident, M. D.

(Address) Johns Hopkins Hospital

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 09553

F 09553

W. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4831 Kesuick Rd Roland Park St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donaldson D. Starr

(a) Residence: No. 4831 Kesuick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia H. Buck Starr

6. DATE OF BIRTH (month, day, year) Nov 23 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Freedom Oil Works Co Freedom Pa

10. Date deceased last worked at this occupation (month and year) 06

11. Total time (years) spent in this occupation 3 Yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward J. Starr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Cecelia James

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Amelia H. Starr

(Address) 4831 Kesuick Road

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Feb 12 1935

19. UNDERTAKER Chas. S. Black & Co

(Address) 742 Wordsworth Ave

Registrar.

20. FILED

B 111935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1935

I HEREBY CERTIFY, That I attended deceased from Jan. 24 1935 to Feb 9 (Feb) 1935

I last saw h. alive on Feb 9 (Feb) 1935. Death is said to have occurred on the date stated above, at 2.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis Secondary	7 Days
Acute Influenza	Previous

Other contributory causes of importance Acute 17 Days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James C. Clark M. D.

2.11.35 (Address) Med. Asst. Bldg

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-

F 09554

F 09554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hosp. St., 9 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Bailey

(a) Residence: No. 2635 Kirk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Bailey

6. DATE OF BIRTH (month, day, year) 4/24/56.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT W. N. Bailey Jr. (Son)
(Address) above address.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date 2/12/35 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. [illegible] 19 [illegible] Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1935 to 2/9, 1935

I last saw him alive on 2/9, 1935 Death is said to have occurred on the date stated above, at 11 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reese M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. THIS IS A LEGAL DOCUMENT AND MUST BE FILLED OUT COMPLETELY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 F 09555

F 09555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St. 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Cooper.

(a) Residence: No. 3144 Leeds St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year) 5/8/1882.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Holmes ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Ann ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Leo. Cooper. (son) above address.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Feb 11, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED . 19 .

Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/12 . 1934 to 2/8 . 1935

I last saw her alive on 2/8 . 1935 Death is said to have occurred on the date stated above, at 4 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

N. B. The following information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3 V

M. D. B. 1938-9

F 09556 ✓ F 09556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 Mt. Pleasant Ave. St., 26 Ward)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 20 How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM G. DANDY

(a) Residence: No. 3732 Mt. Pleasant Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Dandy

6. DATE OF BIRTH (month, day, year) May 19, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
61	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street car

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Dandy

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Swann

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Lillian Frank
(Address) 3732 Mt. Pleasant Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Feb. 12, 1935

19. UNDERTAKER John Ullrich
(Address) 2108 Arlington Ave

20. FILED FEB 11 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 8, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Feb 8 1935

I last saw him alive on Feb. 8 1935 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1927

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Mueller M. D.

(Address) Essex, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1938

F 09557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09557

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hubert W. Smith (Schmidt).

(a) Residence: No. 4709 Belair Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Smith

6. DATE OF BIRTH (month, day, year) July 16-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros. Co.

10. Date deceased last worked at this occupation (month and year) 2/10/35

11. Total time (years) spent in this occupation 20 yr

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Gustav H Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anstra Jehnier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Caroline Ergun

(Address) 4729 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 13th 1935

19. UNDERTAKER John Ulbrich

(Address) East Baltimore

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Apoplexy.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Eugene Feller Coroner, M. D.

(Address) 2739 Eastern Ave

v s c

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 11 1935

M. D. H. 1208-9

F 09558

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~B~~ 09558

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hosp St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michall ~~Minnitor~~ Minitor

(a) Residence: No. 3345 Chestnut Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Dettmer Minitor

6. DATE OF BIRTH (month, day, year) Oct 1 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D C

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ~~Md~~

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Son - Jos V Minitor

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mem Cathedral Date Feb 12 1935

19. UNDERTAKER Franklin W Deihl

(Address) 709 W 33 St

~~Hamilton Ave~~

EB 111935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1935 to 2/10 1935

I last saw him alive on 2/10 1935 Death is said to have occurred on the date stated above, at 12.25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Gaeta M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

F 09559

09559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 S. Sharp ST., 23 WARD)

2-FULL NAME Mary M. Dingle

(a) RESIDENCE NO 1131 Sharp ST., WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/6-34

7 AGE: Years | Months: 3 | Days: 4 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): Ofnl

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto.

PARENTS

10 NAME OF FATHER Wilson Wingle

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. Caroline

12 MAIDEN NAME OF MOTHER Celia Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. Caroline

14 Informant Celia Wingle

(Address) 1131 S. Sharp St.

15 FILED FEB 11 1935, 19

Huntington Tolliver, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 10, 35

17 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1935, to Feb 10, 1935, that I last saw h[illegible] alive on Feb. 9, 1935, and that death occurred, on the date stated above, at 8:00 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. 3 mos 11 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. S. Taylor M. D.

2/10, 1935 (Address) 1522 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson County

DATE OF BURIAL 2/11 1935

20 UNDERTAKER: Walter B. Spriggs

ADDRESS 139 N. Howard St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

FEB 11 1935

M. D. B 1268-9

F 09560

09560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 19 Ward)

Length of residence in city or town where death occurred 67 yrs. 15 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa V. Norris

(a) Residence: No. 302 S. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Cloud Lee Norris

6. DATE OF BIRTH (month, day, year): Jan 26 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Charles A. Dondeles

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Elizabeth Gerber

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT: Mr Cloud L Norris
(Address) 302 S Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 2/12/1935

19. UNDERTAKER: John J Cowan & Son
(Address) 601 Hollins St

20. FILED 2/11 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10/1935.

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	

Other contributory causes of importance:

Senility Burns accidental

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 1/29, 1935

Where did injury occur? 302 S Gilmor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Dress caught fire from Stove

Nature of injury Burns on legs, arms + abdom

21. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C O Herzog M.D. Coroner M. D.

(Address) 1305 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 09561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09561

CERTIFICATE OF DEATH

16

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ? St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Howell

(a) Residence: No. Transient Bureau St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transient

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Benwood, W. Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Transient Bureau

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holmead Date Feb 11 9 . 1935

19. UNDERTAKER

(Address)

(Licensed Embalmer)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 . 1935 to Feb 7 . 1935

Last saw he alive on Feb 7 . 1935 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Meningitis (meningococcus)	1/30

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (No) If so, specify

(Signed) Isaac Lacaman M. D.

(Address) Sydenham Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

39

EB 11 1935

Huntington Ave Boston Mass

(113)

M. D. B. 1268-9

F 09562

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09562

93-C

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Washington Blvd. Ward 21)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion V. Pascal

(a) Residence: No. 1215 Washington Blvd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Pascal

6. DATE OF BIRTH (month, day, year) Feb 7. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Car Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B. & O. R. Road

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Margaret Arther
(Address) 1215 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 12. 1935

19. UNDERTAKER: Mr. Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St.

FEB 11 1935

Huntington Ave. Station

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 5. 1934 to Feb. 9. 1935

I last saw him alive on Feb 8. 1935 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Disney M. D.

(Address) 1326 W. Lombard St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 09563

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09563

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825-N. Caroline St. St., 8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY A. McGUIRE

(a) Residence: No. 1825-N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J.Matthew McGuire

6. DATE OF BIRTH (month, day, year) 3/11/1861

7. AGE Years	Months	Days	If LESS than 1 day XXXXX or min.
73	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick Mangan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Carlos

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT J.Matthew McGuire

(Address) 1825-N.Caroline Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/12/35 19

19. UNDERTAKER Percy J. Roth Inc

(Address) 1735-Harford Ave.

20. FILED 19 Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1935 to Feb. 9, 1935

I last saw her alive on Feb. 8, 1935 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Carditis	2/2/35
Senility	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) Benj. L. Hayden M. D.

(Address) 216 N. Caroline St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 09564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09564

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH — Dead on arrival at
CITY OF BALTIMORE: (No. Hopkins Hospital St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME — Henry Boyce

(a) Residence: No. 2229 Fleet St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Louisa Boyce.

6. DATE OF BIRTH (month, day, year) — Feb 7/ 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Cutting machine Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Balto. Copper Works
10. Date deceased last worked at this occupation (month and year) — Feb 3/35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore, Md.

FATHER

13. NAME — Henry Boyce
14. BIRTHPLACE (city or town) (State or country) — Germany

MOTHER

15. MAIDEN NAME — Minnie Luchup
16. BIRTHPLACE (city or town) (State or country) — Germany

17. INFORMANT — Louisa Boyce
(Address) — 2229 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Feb 12, 1935

19. UNDERTAKER — Mrs E. Miller & Son
(Address) 2337 Jefferson St

20. FILED 19 Registrar.

FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Feb 9/35. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Probably Myocardial Insufficiency

Other contributory causes of importance:

History of hypertension

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Carey, Coroner, M. D.

(Address) 508 E Fayette

Information should be carefully supplied. Not blanks. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. P. 1268-3

F 09565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 N. Saratoga St. Ward)

Length of residence in city or town where death occurred 17 yrs. 9 mos. 30 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carroll C. Baxter

(a) Residence: No. 1808 N. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	9	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John J. Baxter

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary A Walker

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John J Baxter
(Address) 1808 N Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Cem Co. Date Feb 14 1935

19. UNDERTAKER E & S Harlan
(Address) 115 E West St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1935

22. I HEREBY CERTIFY, That I attended deceased from January 25 1935 to Feb 10 1935

I last saw h[illegible] alive on Feb 8 1935 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Myocardial degeneration	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Hugh H. Gilman M. D.

(Address) 1576 N Eutaw St

B 3 11 1935

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1269-9

✓ F 09566

HEALTH DEPARTMENT—CITY OF BALTIMORE

09566

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. RENNART HOTEL St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JEFFRIES PRIME

(a) Residence: No. 1927 KENNEDY AVE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ LOUISE ENRIGHT

6. DATE OF BIRTH (month, day, year) OCT. 30 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29 28	3	11/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OWNER, DOES OF RESTURANT

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE, MD.

FATHER

13. NAME WILLIAM PRIME

14. BIRTHPLACE (city or town) (State or country) BALTIMORE, MD.

MOTHER

15. MAIDEN NAME SALLY O'DONNELL

16. BIRTHPLACE (city or town) (State or country) BALTIMORE, MD.

17. INFORMANT MRS. WILLIAM PRIME
(Address) 1927 KENNEDY AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place CATHEDRAL CEM. Date FEB. 13, 1935

19. UNDERTAKER MARY M WIEDEFELD
(Address) 501 E 22ND ST.

20. FILED FEB 11 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-35

22. I HEREBY CERTIFY, That I attended deceased from 2-1-35 to 2-10-35

I last saw h[illegible] alive on 2-10-35. Death is said to have occurred on the date stated above, at 9:20 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-2-1935

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H K Jopson M. D.

(Address) 112 N Saratoga St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

09567 HEALTH DEPARTMENT—CITY OF BALTIMORE 09567

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 19 122-8 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George McConville

(a) Residence: No. 1306 Kuper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret McConville

6. DATE OF BIRTH (month, day, year): Oct. 6, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel plant
10. Date deceased last worked at this occupation (month and year): 4/1935
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Hugh McConville
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Katherine McCann
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Feb 12 1935

19. UNDERTAKER: George A. Forbes
(Address): 1500 E. Fayette St

20. FILED: FEB 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935 to Feb 9, 1935

That I saw him alive on Feb 9, 1935 Death is said to have occurred on the date stated above, at 2:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, Infection, Lacer ank-Hand	2/1/35
Other contributory causes of importance: Myocarditis, Chronic	?

Name of operation: None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel S. Feyer M.D.

(Address) Balto City Hospitals

INSTRUCTIONS: Information called for on this certificate supplies items of value in the compilation of mortality statistics. Please answer questions fully and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

F 09568

F 09568 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Maryland Ave. St., 17 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David B. Stewart

(a) Residence: No. 2200 Maryland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Stewart

6. DATE OF BIRTH (month, day, year): Aug. 28, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	5	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: District Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Insurance Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chestertown, Md.

FATHER

13. NAME: William H. Stewart

14. BIRTHPLACE (city or town) (State or country): Delaware

MOTHER

15. MAIDEN NAME: Sarah E. Murphey

16. BIRTHPLACE (city or town) (State or country): Delaware

17. INFORMANT: Mr. M. Melvin Stewart
(Address) Gambrill, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Chester Cemetery, Chestertown, Md. Date: Feb. 12, 1935

19. UNDERTAKER: John H. Stevens
(Address) 215 Light St

20. Filed: FEB 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1934 to Feb. 9, 1935.

I last saw h.. alive on Feb. 9 - 10.15 p. m. Death is said to have occurred on the date stated above, at ..... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic hypertrophic cirrhosis with arteriosclerosis	1932
Other contributory causes of importance:	
acute pulmonary congestion - hypostatic	Feb. 9

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Mitchell, M. D.

(Address) 711 W Monument

M. D. B. 1268-9

F 09569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Baker St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Schaeffer

(a) Residence: No. 2213 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Geo. W. Schaeffer

6. DATE OF BIRTH (month, day, year) Aug. 7, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Gibson

14. BIRTHPLACE (city or town) (State or country) Portland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Portugal

17. INFORMANT Mrs. Jas. H. Clark (Address) 2213 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date 2/12/1935

19. UNDERTAKER E. J. Fanning & Son (Address) 1538 E. Lafayette Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to Feb 9, 1935

I last saw her alive on Feb 9, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Feb 1
Other contributory causes of importance: Carcinoma of Tongue	June 1934

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. E. Richardson M. D.

(Address) ...

B 1 1935

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

09570 F 09570

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2719 Parkwood Av ST. 13 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Lynch

(a) RESIDENCE NO. 2719 Parkwood Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of single

6 DATE OF BIRTH (month, day, and year) April 19th 1858

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Self at home

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Bel Cady Hanford County Md

PARENTS

10 NAME OF FATHER John Lynch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Callahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England

14 Informant Mary Estelle Lingan

(Address) 2719 Parkwood Av Balto Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 8th 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1935 to Feb 8th 1935.

that I last saw her alive on Feb. 8th 1935

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 7 da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual Routine

(Signed) Elbert G. Reisler M. D.

2/9th 1935 (Address) 2245 Reisterstown Rd Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lorna, Aberdeen DATE OF BURIAL Feb 11 19 35

20 UNDERTAKER Howard A Williams ADDRESS Aberdeen

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

11 1935

M. D. B 1268-0

F 09571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09571

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Ford

(a) Residence: No. 845 Lemmon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mamie Bell

(Address) 845 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Feb 12, 1930

19. UNDERTAKER Joseph A. Liviski

(Address) 409 N. Mount St.

20. FILED FEB 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-7-, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(If so, specify)

(Signed) Edgar Feller M. D. Coroner

(Address) 2739 Eutaw Pl.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 09572

F 09572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. 28

CITY OF BALTIMORE: (No.) 4115 Groveland Avenue St., West Arlington

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. -- mos. -- ds. How long in U. S. If of foreign birth 69 yrs. -- mos. -- ds.

2. FULL NAME Patrick Flanigan

(a) Residence: No. 4115 Groveland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. Connor

6. DATE OF BIRTH (month, day, year) Nov. 26, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Ireland

FATHER

13. NAME Peter Flanigan

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Catherine Duffy

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Edward Flanigan
(Address) 4112 Belvieu Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 2/13 1935

19. UNDERTAKER Henry U. Means Sons
(Address) 800 N. Eutaw St.

20. FILED ... 13 ... Registrar.

FEB 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1934 to Feb. 8 1935
I last saw him alive on Feb. 8 1935. Death is said to have occurred on the date stated above, at 11:30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos. F. Queen M. D.

(Address) 3501 Fairmount Blvd

Form 3

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated in YEARS and FRACTIONS. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269 F 09573 F 09573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 506 S. Charles St. 7W Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Harris

(a) Residence: No. 506 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~): Virginia F. Harris

6. DATE OF BIRTH (month, day, year): Mar 8th 1876

7. AGE: Years 59 | Months 11 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: [illegible] Harris

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Virginia F. Harris
(Address) 506 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bachmans Date Feb 12th 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... [illegible]
(Registrar)

FEB 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1934 to Feb 10, 1935

I last saw him alive on Feb 9, 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocarditis	2 mos
Other contributory causes of importance:	
(b) Chronic Bronchitis	3 mos

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G. Mitchell M. D.

(Address) 1259 Mt Vernon Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. Rev.-9 F 09574

F 09574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 E. Balto. St., 3 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella A. Thiede

(a) Residence: No. 1501 E. Balto St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Wm. F. Thiede Jr.

6. DATE OF BIRTH (month, day, year) Nov 16th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Gottfried Thiede

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C. Snyder

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Wm F. Thiede

(Address) 1501 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 12th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

FEB 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1935 to Feb 9 1935

I last saw h... alive on Feb 9 1935 Death is said to have occurred on the data stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset ...

Other contributory causes of importance: ✓

Name of operation ... Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Charles F Blake M. D.

(Address) 720 E Preston

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9 F 09575 F 09575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Smith Baltimore Hosp. St., 23 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Franck

(a) Residence: No. 1518 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Theresa Franck

6. DATE OF BIRTH (month, day, year) Aug. 31, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59/60	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles H. Franck

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb 13th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED FEB 12 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1935 to February 11, 1935. I last saw him alive on February 10, 1935. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Repeated gastric hemorrhages	?
Gastric ulcer	?
Uremia (?)	
Pneumonia	
Other contributory causes of importance: Chronic myocarditis	?

Name of operation Gastroenterostomy Date of 2/7/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wallace Dewees, M. D.
(Address) Smith Baltimore Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 09576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09576

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Weldon Ave St., 13 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Virginia Wood

(a) Residence: No. 1119 Weldon ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Louis F. Wood

6. DATE OF BIRTH (month, day, year) June 9th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 137

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1926 | 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME John W. Orrow

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME ? Arnold

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sadie E. Evans

(Address) 1119 Weldon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 12th 193

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1935 to Feb 9, 1935

I last saw h.r alive on Feb 9 1935. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	2/9/35
Cardiac Dilatation	
Cerebral Apoplexy	
Other contributory causes of importance:	
Chronic Myocarditis	
Cardiac Nephritis	over
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H Thurston, M. D.

(Address) 4037 Falls Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1264

F 03577

F 03577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred: yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Mettam

(a) Residence: No. Balto City Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia

6. DATE OF BIRTH (month, day, year) 9/14/1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Daniel B. Mettam

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Wilhelmina Ford

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Records Bert.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mettam Memorial Park Feb 12 1935

19. UNDERTAKER Harry J. Wittle & Co
(Address) 1016 E. Monument St.

20. FILED 19 Registrar.

FEB 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 2/10 1935

I last saw h[illegible] alive on 2/10 1935 Death is said to have occurred on the date stated above, at 2 02 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.
(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 09578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09578

CERTIFICATE OF DEATH

V 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 S. Clinton St., 7th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harrison T. Simmont

(a) Residence: No. 1325 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary C. Simmont

6. DATE OF BIRTH (month, day, year): Oct 23-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4	17/18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman 608

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Central Chem. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Wm. T. Simmont

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Sarah E. Christian

16. BIRTHPLACE (city or town) (State or country): Crisfield Md.

17. INFORMANT: Mary C. Simmont
(Address) 1325 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem't Date: Feb 14 1935

19. UNDERTAKER: George W. Zickler
(Address) 1737 E. Eager St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb-10- 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to Feb-10, 1935

I last saw him alive on Feb-10, 1935. Death is said to have occurred on the date stated above, at 3:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1933 Jan 5

Other contributory causes of importance:

Chr. Myocarditis	1930 July 11

Name of operation: — Date of: —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathan J. Donitor M. D.

(Address) 3228 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. 09579

F 09579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Bradford St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James D Williams Sr

(a) Residence: No. 507 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary P. Williams

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

FATHER

13. NAME Alex D Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James D Williams Jr

(Address) 507 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 2 - 12th 1935

19. UNDERTAKER Byron Mg. via D. Wright

(Address) 1281 McCulloh St

20. FILED 2 - [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 8 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 2 - 6 - 1935 to 2 - 8 - 1935

I last saw h- alive on 2 - 8 - 1935 Death is said to have occurred on the date stated above, at 11, 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorhage	2 - 6 - 35

Other contributory causes of importance:

Valvulitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Cargill M. D.

(Address) 611 - N. Eutaw

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. Class

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Priscilla Sullivan

(a) Residence: No. 5312 Cordelia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ephriam B. Sullivan

6. DATE OF BIRTH (month, day, year) Aug 22 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83.	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew J. Russell.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Bowen.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John A Russell (nephew) (Address) Abbottstown Pa

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb 13 1935

19. UNDERTAKER Geo W Little (Address) 2700 Edmondson Ave

20. FILED ... 19 ... Registrar.

FEB 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/18 1935 to 2/10 1935.

last saw her alive on 2/10 1935 Death is said to have occurred on the date stated above, at 9 3/4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Carter M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

AACo. 5-31 For E 09581

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09581

CERTIFICATE OF DEATH

V 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hosp. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Sherwood

(a) Residence: No. 3050 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Sherwood

6. DATE OF BIRTH (month, day, year) August 14 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Philip M. Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elonia Sutton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT James E. Sherwood
(Address) 3050 Brighton St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 13, 1935

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave

20. FILED ....., 19.. ..... Registrar

FEB 12 1935

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1935, to Feb 11, 1935

I last saw h[illegible] alive on Feb 1, 1935 death is said to have occurred on the date stated above, at 3.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic carcinomatosis resulting in Intestinal obstruction	? June 28
Ovarian tumor	Jan 30

Other contributory causes of importance:

Name of operation: Exploratory laparotomy Date of 1/31/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James L. VanMeter M.D.

(Address) Franklin Sq Hospital

A-4 S-D 09582 F 09582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1734 N. Fulton Ave. St., 15 Ward)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 17 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. George Edward McFaul

(a) Residence: No. 1734 N. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. McFaul

6. DATE OF BIRTH (month, day, year) Aug. 24-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	9	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0003

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward McFaul

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Adelaide Burk

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Daughter
(Address) 1734 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 14, 1935

19. UNDERTAKER Geo W. Settle
(Address) 2700 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1935, to Feb 11, 1935
I last saw h[illegible] alive on Feb 10, 1935 death is said to have occurred on the date stated above, at 11:01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardium Failure	
Pulmonary Edema	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Aeffner M. D.
(Address) 526 N. Pulaski St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1208-9 F 09583

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09583

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Shield St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus Brown

(a) Residence: No. 912 Shield St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa

6. DATE OF BIRTH (month, day, year) Feb 23 1888

7. AGE Years 45 Months 11 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Augustus Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Ryder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louisa Brown

(Address) 912 Shield St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Feb. 12 35

19. UNDERTAKER Thos. E. Kalas

(Address) 1303 Freaman St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 35

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

014

M. D. B. 1268

F 09584

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09584

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57c yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Giddings

(a) Residence: No. 1319 North Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 15 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Giddings

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Onley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary Giddings

(Address) 1319 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 2/14/35

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St.

20. FILED ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 9. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 24. 1935 to February 9. 1935

I last saw her alive on February 9. 1935 Death is said to have occurred on the date stated above, at 11:53 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Salpingitis - bilateral	
Other contributory causes of importance:	

Autopsy

Name of operation Laparotomy Date of 2-9-35

What test confirmed diagnosis? op Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. 1200

F 09585

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09585

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Brodge

(a) Residence: No. 1235 n Patterson Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Brodge

6. DATE OF BIRTH (month, day, year) Mar 22-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74 73	74	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Stephen Albright

(Address) 1235 N Patt Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 13 n 1935

19. UNDERTAKER Jno G. Crook

(Address) 1723 N Patt Park Ave

20. FILED 19 Registrar. Deputy.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 2 4 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	
Senile Decay Cerebral Hemorrhage and Shock	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 2/7 1935

Where did injury occur? 1235 n Patterson Park

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Fell down stairs

Nature of injury Fract Arm & Jaw

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B F Berry M D

Coroner. M. D.

(Address) 1305 n Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09586

F 09586 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 23

1. PLACE OF DEATH Baltimore City Tuberculosis Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ? ? Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva V. Macer

(a) Residence: No. 627 W. Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Macer

6. DATE OF BIRTH (month, day, year) Apr. 19, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0027

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Murray

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 2/12/35, 19

19. UNDERTAKER Isaiah L Brownston
(Address) 108 W Montgomery St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1935 to Feb 9, 1935

I last saw her alive on Feb. 9, 1935. Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

09587 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 09587

CERTIFICATE OF DEATH

H-2 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Calverton Heights Ave. St., 16th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Adam Boone

(a) Residence: No. 2306 Calverton Hts. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie Boone

6. DATE OF BIRTH (month, day, year) Dec 29 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0011

10. Date deceased last worked at this occupation (month and year): May 4 - 1934

11. Total time (years) spent in this occupation: 32

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Boone

14. BIRTHPLACE (city or town) (State or country): Balt. Md.

MOTHER

15. MAIDEN NAME: Caroline Frank

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Katie Boone
(Address) 2306 Calverton Hts. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 13 1935

19. UNDERTAKER: Horace F. Burger
(Address) 3631 Falls Road.

20. FILED FEB 12 1935 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 11 - 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1934 to Feby. 11 1935
I last saw him alive on Feby 10 1935 Death is said to have occurred on the date stated above, at 10A, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dy Volvular Heart Disease	1930
Chr. Pancreatomatous Calculi	May 1934

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

M. D. B 1268-9

F 09588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09588

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at the

CITY OF BALTIMORE: (South Baltimore General Hospital 23 Ward)

Length of residence in city or town where death occurred 7 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Roy Irwin Shaw.

(a) Residence: No. 1136 S. Charles St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (~~WIFE~~) Agnes Shaw.

6. DATE OF BIRTH (month, day, year) July 13, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
29	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman, American

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distillery.

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville, Ky.

FATHER

13. NAME Irwin Shaw.

14. BIRTHPLACE (city or town) (State or country) Kentucky.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Agnes Shaw. (wife)

(Address) 1621 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Albany, Ind. Feby 22 1935

19. UNDERTAKER John Allred

(Address) 2008 Allegheny Ave

Filed ..... 19.....

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Illuminating Gas Asphyxia.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/10/35

Where did injury occur? 1136 S. Charles St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Gas Asphyxia.

Nature of injury Gas Asphyxia.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

M. D. Signed Otto M. Reinhardt Coroner

2/12/35 Address) 1017 S. Charles St.

3 17 1935

M. D. B. 2365-a

T 09589

F 09589

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 54-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH Gundry Sanitarium

CITY OF BALTIMORE: (No. Athol Ave. + Fred. Rd St. 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Eliza V. Pontin

(a) Residence: No. Athol Terrace Rd City St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov 24 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wheeling W Va

FATHER

13. NAME James W. Pontin

14. BIRTHPLACE (city or town) (State or country) Wheeling W Va

MOTHER

15. MAIDEN NAME Florence G. Logan

16. BIRTHPLACE (city or town) (State or country) Wheeling W Va

17. INFORMANT Charles F. Payton Son
(Address) 355 E. Green St Pasadena Cal

18. BURIAL, CREMATION, OR REMOVAL
Place Wheeling W. Va. Date Feby 13 1933

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED FEB 12 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from May ....., 1926 to Feb 11, 1933

I last saw h alive on Feb 11, 1933 Death is said to have occurred on the date stated above, at 1.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inoperable Kidney tumor	Two yrs

Other contributory causes of importance:

Cachexia, Asthenia resulting from tumor	3 mo

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alfred J. Conway M. D.

(Address) 3202 Fremont Ave City

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09590

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Read

(a) Residence: No. 602 West Saratoga Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) March 12th 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	10	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0068

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs M. Christy

(Address) 602 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Reformed Date Feb 12th 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify.

(Signed) E. Peterson M.D. M. D.

(Address) 1305 E Pattenson Park Ave Corner

M. D. P. 1268-A F 09591

F 09591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME (instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St., 15-6 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Frances Hunham [DURHAM]

(a) Residence: No. 2711 Pulaski St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND) (or) WIFE of George N Dunham

6. DATE OF BIRTH (month, day, year) 2/17/92

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month, year) 4/34

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Maryland (Carroll Co)

FATHER

13. NAME Harrol Smelser

14. BIRTHPLACE (city or town) (State or country) Maryland (Carroll Co)

MOTHER

15. MAIDEN NAME Clara Schafer

16. BIRTHPLACE (city or town) (State or country) Maryland (Carroll Co)

17. INFORMANT Records—
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 14 1935

19. UNDERTAKER Wm. J. Fickenscher & Son
(Address) North & Fulton Ave

20. FILED 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1935 to Feb 11 1935 I last saw her alive on Feb 11 1935. Death is said to have occurred on the date stated above, at 5-20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	Not determined
Pelvic abscess	Not determined
Sigmoid-Vesical fistula	Not determined
Intestinal Obstruction	Feb 9, 1935

Other contributory causes of importance:

Diabetes Mellitus	Not known

Name of operation Exploratory Laparotomy Date of operation Feb 11, 1935

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ralph W Jack M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH must be filled in plain terms. Indefinite or unknown causes of death are not sufficient.

C-5.3

M. D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

09592 E 09592

CERTIFICATE OF DEATH

126 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Levenson

(a) Residence: No. 1471 E. Balto. St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Meyer Levenson

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mount Carmel Date 2/12/35

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Balto. St.

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 . 1935 to Feb 11 . 1935

I last saw h... alive on Feb 11 . 1935 Death is said to have occurred on the date stated above, at 8.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Circulatory Collapse	
Acute Cardiac Dilatation	

Other contributory causes of importance:

Common duct stone
Chronic Cholecystitis
Cholelithiasis

Name of operation Choledochotomy + Cholecystotomy Date of Feb 11, 35

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul E Carliner . M. D.

(Address) Sinai Hosp

M. D. B. 1268-9

09593

HEALTH DEPARTMENT—CITY OF BALTIMORE

09593

164-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Auchentorly Terrace St., 13 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ella T. Bowers

(a) Residence: No. 3200 Auchentorly Terrace St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 9- 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59 60	9	3 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County, Md.

FATHER

13. NAME Frederick Bowers
14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Mary E. Bowers
16. BIRTHPLACE (city or town) (State or country) Frederick Co, Md

17. INFORMANT Mrs Ida Young (sister)
(Address) 1227 N. Paterson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 3-13-35 19

19. UNDERTAKER Jacob Sewell Inc
(Address) 2102 Eutaw Place

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-11-35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatal Poison (Suicide)	

Other contributory causes of importance: (over)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jas. H. Hourigan, M. D.
Coroner

(Address) 912 Roland Ave

M. D. B 1268-9

09594

HEALTH DEPARTMENT—CITY OF BALTIMORE

09594

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Retta Biller

(a) Residence: No. 1316 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry M. Lavender

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bertha

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lena Feitelson

(Address) 721 W. Roosevelt Blvd Phila Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2-13-35 19

19. UNDERTAKER Jack Lewis Son

(Address) 1439 E. Baltimore St

20. FILED 2-12 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Cardiac Hypertrophy	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. J. Pollack M. D.
Coroner

(Address) 108 Elwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09595

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09595

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 2 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Stanislawa Ruminski

(a) Residence: No. 230 South Ann Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced XXXXXXXX XXXWIFE of Frank Ruminski

6. DATE OF BIRTH (month, day, year) -1892

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 03

9. Industry or business in which work was done, as mill, mine, saw mill, bank, etc. Forelady, Shipping Farm Hands.

10. Date deceased last worked at this occupation (month, year) Summer/1934

11. Total time (years) spent in the occupation Several Yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Jankiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Frank Ruminski

(Address) 230 South Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Cem. Feb, 13/1935

19. UNDERTAKER George A. Weber

(Address) 705 South Ann Street

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 28 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 11 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O Peterzog M.D. Coroner M. D.

(Address) 1305 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 09596

09596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Mosher St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Owens

(a) Residence: No. 518 N Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1909

7. AGE Years 25 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police Dept Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Feb. 12th 1935

19. UNDERTAKER Archital & Guddes
(Address) 2101 No Eutaw St.

20. [illegible] Feb 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Bullet wounds	
Entered mouth passed through brain	

Other contributory causes of importance:

Name of operation Autopsy Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Feb 6 1935

Where did injury occur? 1200 Mosher, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Shot while holding up store.

Manner of injury

Nature of injury Pistol wound.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Funk, M. D. Coroner

(Address) Coroner

M. D. P. 1268-9

F 09597

09597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Lamount Avenue St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Thomas Chalk

(a) Residence: No. 1601 Lamount Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Carter

6. DATE OF BIRTH (month, day, year) May 18, 1860.

7. AGE Years	Months	Days	If less than 1 day, ######## min.
74	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 0062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept; Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Maryland

FATHER

13. NAME Joseph Chalk

14. BIRTHPLACE (city or town) (State or country) Laurel Maryland

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) (Unknown)

17. INFORMANT Harry F. Chalk.
(Address) 1831 N. Collington Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb. 13, 1935

19. UNDERTAKER George [illegible] Funeral Home
(Address) 1725 [illegible] Ave.

[illegible]

FEB 12 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1935, to Feb 13th, 1935

I last saw him alive on Feb 12, 1935. Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Conrad Bode, M. D.

(Address) 1960 Maryland Ave.

M. D. H. 1268-9

F 09598

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09598

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Will Shannon.

(a) Residence: No. 19 N. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 1871 (?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 (?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Leora Thompson (daughter)

(Address) 704 Barnes Court.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem. Date Feb 13th 35, 19

19. UNDERTAKER Elroy Owens

(Address)

20. FILED 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

FEB 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1935 to 2/7, 1935

I last saw him alive on 2/7, 1935 Death is said to have occurred on the date stated above, at 2 02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	5 days
Hypertension	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reiter, M. D.

(Address) Balto. City Hosp.

M. D. B. 126 F 09599 ✓ F 09599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 523 Robert St., 14 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Stanley

(a) Residence: No. 523 Robert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Alberta Stanley

6. DATE OF BIRTH (month, day, year) 8 6 07 bt.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Alfred Stanley
14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Alberta Hunsinville
16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Daughter
(Address) 523 Robert

18. BURIAL, CREMATION, OR REMOVAL Date Feb 13 1935
Place Mt Calvary

19. UNDERTAKER Thos Viola
(Address) 1107 Baker

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1935 to 2-9 1935

I last saw him alive on 2-9 1935. Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Myocarditis	2-1-35

Other contributory causes of importance:

acute nephritis

Name of operation Date of

What test confirmed diagnosis? Mouth Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther K Fultz M. D.

(Address) 1409 Edmondson Ave

V. S. 3

ED 1-1935

M. D. B. 1268-9

✓ F 09600

09600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Janet Sullivan

(a) Residence No. 2000 W. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 1, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Sullivan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ruth Nash

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph Sullivan
(Address) 2000 W. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Date Feb 14, 1935

19. UNDERTAKER Martin Kehoe Funeral Home
(Address) 1000 W. Monroe St.

20. FILED Feb 14 1935 Registrar.

21935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1935 to February 11, 1935

I last saw her alive on 2-11-35, 19 Death is said to have occurred on the date stated above, at 9:05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	

Other contributory causes of importance:

Diabetic coma.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

Spec.—9 30—A. & Co.—250 Bks

F 09601

F 09601 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1647 Thomas Ave ST 15 WARD)

2. FULL NAME John Joseph Topper.

(a) RESIDENCE NO. 1647 Thomas Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Northen

6 DATE OF BIRTH (month, day, and year) Sept 16 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor

(b) General nature of industry, business, or establishment in which employed (or employer) M.D.T.A. R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER William Topper

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant (Address) 1647 Thomas Ave.

15 Filed ....., 19..... Registrar

FEB 12 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Feb 11th 1935

17

I HEREBY CERTIFY, That I attended deceased from at various times for several years.

that I last saw him alive on Feby. 11th, 1935

and that death occurred, on the date stated above, at 9:20 A. m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(Family gives history of several slight attacks in past few years) (duration) Unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) + (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None special.

(Signed) O. H. Stoffman, M. D.

2/11/1935 (Address) 2500 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cathedral	Feb 15 1935
20 UNDERTAKER	ADDRESS
Martin Fahey Funeral Home	1517 W. North Ave.

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 09602

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09602

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 McKean St., 15 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ina L. Lemmon

(a) Residence: No. 1801 McKean St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip

6. DATE OF BIRTH (month, day, year) Jan 17 1878

7. AGE Years 56 Months 9 Days 23 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Saloon Keeper 14 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Stafford Dom

FATHER

13. NAME Jacob Lemmon

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Ann Williams

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Ida Lemmon

(Address) 1801 McKean

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 13, 1935

19. UNDERTAKER Martin Fisher Towers

(Address) 1800 N. Fulton Ave.

20. FILED ..., 19... ... Registrar.

FEB 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. C. Funk, M. D. Coroner

(Address) Coroner's Office

M. D. F. 1-49 F 09603 ✓ F 09603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34J-82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 11 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Jackson.

(a) Residence: No. 941 Druid Hill Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha.

6. DATE OF BIRTH (month, day, year) 12/25/92

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Social. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Richard Jackson.

14. BIRTHPLACE (city or town) (State or country) Annap. Md.

MOTHER

15. MAIDEN NAME Eliz. Hammond

16. BIRTHPLACE (city or town) (State or country) Annap. Md.

17. INFORMANT Richard Jackson (son).
(Address) 600 block Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemy Date Feb 13. 1935

19. UNDERTAKER Adolphus Halstead
(Address) 952 Druid Hill Ave

20. FILED FEB 12 1935 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/16 1934 to 2/8 1935

I last saw him alive on 2/8 1935 Death is said to have occurred on the date stated above, at 6 35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 yrs
Arteriosclerosis	"
	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V 9 5

M. D. B. 1268-9

09604 F 09604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5408 Tramore Ave St., 37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia M. Kelly

(a) Residence: No. 5408 Tramore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Timothy M. Kelly

6. DATE OF BIRTH (month, day, year) July 21, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis J. Kaufmann

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sophia Kaltenbach

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Miss Marguerite Kelly
(Address) 5408 Tramore Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 2/13/35 19...

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Rd.

20. FILED ... Registrar.

2 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 9 1935 19

22. I HEREBY CERTIFY That I attended deceased from Dec 30 - 34 to Feb - 9 - 35
I last saw her alive on Feb. 9 35 Death is said to have occurred on the date stated above, at 10.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	2/9/35
Other contributory causes of importance: Senile Myocarditis	1932
Grippe	(2/28/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. F. Hawthorne M. D.

(Address) 1 E. Randall St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 09605

F 09605 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 348-22

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 10 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Doyle.

(a) Residence: No. 1030 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	~~Married~~ Separated.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) 4/2/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of Md. School Date Feb 12, 1935

19. UNDERTAKER
(Address)

20. FILED Feb 13 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1934 to 2/1, 1935

I last saw him alive on 2/7, 1935 Death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Entero-colitis, cause unknown.	1/20/35 (?)
Pulmonary tuberculosis (?)	1/25/35 (?)

Other contributory causes of importance:

over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F. 3

M. D. P. 1268-9

F 09606

09606 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 23 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Lewis

(a) Residence: No. 228 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 70

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Feb 12, 1935

19. UNDERTAKER
(Address)

FILED Feb 12 1935 [illegible] Registrar.

121935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 2/8, 1935

I last saw her alive on 2/8, 1935 Death is said to have occurred on the date stated above, at 6 15/24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & Congestive failure	6 yrs.

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 09607

F 09607 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 11 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Mc Gilchrist

(a) Residence: No. 1024 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/30/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Mary Brennan

16. BIRTHPLACE (city or town) (State or country) West Indies.

17. INFORMANT (Address) W. D. Cupell (friend 2? Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med School Date Feb 12, 1935

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/6, 1935 to 2/6, 1935

I last saw him alive on 2/6, 1935 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

12 1935 116

Spec.—1-12-21—M&T—500 Blks.

F 09608

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09608

CERTIFICATE OF DEATH.

82-a

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 N. Mulberry ST., 20 WARD)

2-FULL NAME Emma S. Foster

(a) RESIDENCE NO. 1916 N. Mulberry ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred about mos 8 yrs How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced (WIFE) of William L. Foster

6 DATE OF BIRTH (month, day, and year) About 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
About	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Saleslady 067

(b) General nature of industry, business, or establishment in which employed (or employer): Department Store

(c) Name of employer: Unemployed

9 BIRTHPLACE (city or town) (State or country): Unknown

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Annie Nugent

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Theodore A. Blair (Address) 1916 N. Mulberry St.

15 Filed ... 1935

121935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feby 11 1935

17 I HEREBY CERTIFY, That I attended deceased from Jany 31, 1935, to Feby 11, 1935, that I last saw her alive on Feby 10, 1935, and that death occurred, on the date stated above, at 3.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical

What test confirmed diagnosis?

(Signed) M. O'Neill, M. D.

2/11, 1935 (Address) 108 N. Sutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cemetery — DATE OF BURIAL: Feby. 15 1935

20 UNDERTAKER: Ernest A. Franklin — ADDRESS: 9140 Liberty

TION is very important. See instructions on back of certificate.

M. D. F. 1268-9

E 09609.

09609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 22 Ward)

Length of residence in city or town where death occurred 18 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Samuel Baynes

(a) Residence: No. 513 W. Barke St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 24 | Months | Days | If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Alexander Baynes

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Ethel Carter

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Erma Baynes

(Address) 534 Conway St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2/14 1935

19. UNDERTAKER: Earl M. Grace & Son

(Address) 638 N. Eutaw

2-12-1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 10 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h.... alive on ..... 19.... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd degree burns of body	2/7/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: Accident Date of injury 2/7 1935

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: Set bed on fire while smoking

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Feldt M. D. Coroner

(Address) 29 E. Eutaw St

M. D. B 1268-9

09610

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09610

09610

CERTIFICATE OF DEATH

x 157-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

12 hrs

2. FULL NAME Charles Seth Kear

(a) Residence: No. Upper Sandusky, Ohio St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10/1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Upper Sandusky, O.
(State or country)

FATHER

13. NAME Russell H. Kear

14. BIRTHPLACE (city or town) Ohio
(State or country)

MOTHER

15. MAIDEN NAME Marcella Comely

16. BIRTHPLACE (city or town) Ohio
(State or country)

17. INFORMANT Russell H. Kear
(Address) Upper Sandusky, Ohio.

18. BURIAL, CREMATION, OR REMOVAL
Place upper Sandusky Ohio Date Feb 13 19 35

19. UNDERTAKER John E. Mitchell Sons
(Address) 1600 Eutaw Place

20. FILED ... 121935 ... Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus (Congenital)	

Other contributory causes of importance:

Name of operation "Dorcid" Date of Feb 12

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 108 E Irvine

M. D. B 1268-9

09611 E 09611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S Bond St., 3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Herget

(a) Residence: No. 720 S Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Herget.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna Herget
(Address) 720 S Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 13, 1935

19. UNDERTAKER Morton W. & Deppel
(Address) 37 S. Amity St

Huntington Pa.

Registrar.

21935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. F. Hergand M. D.
Coroner

(Address) 1805 N Patterson Park Ave

M. D. F. 1268-9

Mackinson

E 09612

09612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Horace Mackinson

(a) Residence: No. 631 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucretia Mackinson

6. DATE OF BIRTH (month, day, year) Jul 30 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

FATHER

13. NAME Charles J. Mackinson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Rogers Evans

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Mackinson

(Address) 631 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ed. Date Feb 3, 19...

19. UNDERTAKER

(Address)

20. FILED FEB 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-9, 1935, to 2-13, 1935

I last saw h, alive on 2-13, 1935 Death is said to have occurred on the date stated above, at 2:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	2-3-35
upper R. lobe	
extension left lung	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. E. Brayton M. D.

(Address) University Hospital

DECLARATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09613

F 09613 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Roland & Greene St., 5 4 Ward)

Registered No. V26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 6 mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha M. Borchers (BORCHERS)

(a) Residence: HARLEM LANE & OLD FREDK RD Ward.
(Usual place of abode) CATONSVILLE (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 9-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT - HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME HERMAN H BORCHERS

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME Matilda M. UHL

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT Mrs. Matilda M. UHL
(Address) Harlem Lane & Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Feb 13 1935

19. UNDERTAKER F. S. Aisquith & Son
(Address) 132 Eutaw Place

Filed 2-13-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-7 1935 to 2-10 1935

I last saw her alive on 2/10 1935. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (primary, diffuse, bilateral)	2-4-35
Other contributory causes of importance: Pelvic disease	25 yrs. duration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W Farr M. D.

(Address) University Hospital

M. D. P. 1768-9

F 09614

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09614

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 HARMISON St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRIETTA A. HACHSTEIN

(a) Residence: No. 210 HARMISON St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of FRANK Hachstein

6. DATE OF BIRTH (month, day, year) Nov 4 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DOMESTIC

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME HENRY GROSE

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT Ona Harry Rock

(Address) 710 Hamilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 12 19 35

19. UNDERTAKER J. B. Hilgenbert & Son

(Address) 300 E. Lafayette Ave.

20. FILED Feb 12 1935 Registrar.

131825

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10-35

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1934 to Feb 10 1935

I last saw her alive on Feb 10 1935 Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Arteriosclerosis
Hypostatic Congestion
Nephritis, Senility

Date of onset

Other contributory causes of importance

Influenza Ordered.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Norbert G. Hatch M. D.

(Address) 215 W. Madison Ave

M. D. B. 1268-9

09615 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE09615

CERTIFICATE OF DEATH

✓ 93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 W. Lafayette Ave Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Kate Martin

(a) Residence: No. 2317 W. Lafayette ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77.	10.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress ✓ 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME James R. Martin.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Abrilla Plowman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Edward M. Hellery
(Address) 2317 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb 14. 1935

19. UNDERTAKER Joseph Syfers
(Address) 1600 N. North Ave.

20. FILED FEB 13 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1. 1935 to Feb. 12. 1935

I last saw her alive on Feb. 11. 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	several years.

Other contributory causes of importance:

Old Age.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Herbert C. Blake, M. D.

(Address) Med. Arts Bldg.

M. D. B. 1268-a

F 09616

F 09616

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 210-9

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., ... Ward) 27-18

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME William Schwartz

(a) Residence: No. 3913 N. Garrison ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Schwartz

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe

10. Date deceased last worked at this occupation (month and year) 2/6

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Schwartz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah -

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Henrietta Schwartz (wife)
(Address) 3913 W. Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 2-13-35 19

19. UNDERTAKER Back Funeral Home
(Address) 1439 E. Baltimore st

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Punctured Left Lung	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/12, 1935

Where did injury occur? Washington Blvd & Monroe st
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident.

Manner of injury Struck by auto while

Nature of injury ran up on pavement.

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Joseph Sokorny Coroner M. D.

(Address) 2200 E Madison st

M. D. B 1268-6 F 09617

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09617

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 637 W North St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline R. Arthur
(a) Residence: No. 637 W North St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fml
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jas I Arthur
6. DATE OF BIRTH (month, day, year): Oct 31 1861
7. AGE: Years 83 Months 3 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): Before
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
13. NAME: Caroline Reading
14. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
15. MAIDEN NAME: David F. Arthur
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): 637 W North St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 13 1935

19. UNDERTAKER: Harry V Weitzel
(Address) 410 Edmondson Ave

20. FILED Feb 13 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..... Last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
Coroner
(Address) .....

M. D. R. 1268-9

09618 E 09618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 122-B

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dunmore St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nettie Wilson

(a) Residence: No. 620 N. Gilmore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wilson

6. DATE OF BIRTH (month, day, year) Nov 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Bowen

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Edward Hunt

(Address) 620 W. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 2-15-35

19. UNDERTAKER Thomas E. Wright

(Address) 1530 Edmondson Ave

FEB 13 1935

Registered ... Remarks ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-6-1935, to 2-12-1935.

I last saw her alive on 2-12-1935. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	2-6-35
Post Operative Adhesions	

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 2-10-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, (specify) ...

(Signed) R. T. Harris M. D.

(Address) Provident Hospital

M. D. P. 1268-9

09619 | F 09619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Carr.

(a) Residence: No. 1205 Mc Cullough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) 11/1/89.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0867

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Lee Carr.

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Sallie ?

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT (Address) Wife Same address.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Feb 13 35 19

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Pulaski St

20. FILED FEB 13 1935 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/3 1935 to 2/8 1935

I last saw him alive on 2/8 1935 Death is said to have occurred on the date stated above, at 4 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3 days
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

F 09620 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 09620

CERTIFICATE OF DEATH

J 11-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 N. Streeter ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) X

2—FULL NAME Ada Morrison

(a) RESIDENCE NO. 1513 N Streeter ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Morrison

6 DATE OF BIRTH (month, day, and year): Oct 9-1887

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer: House work.

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Joseph Henderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Eliza Thrift

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Lillian Winder

(Address): 1513 N. Stricker St

15 Filed 19 [illegible] Registrar

FEB 13 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 9 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb 5, 1935, to Feb 9, 1935, that I last saw her alive on Feb 9, 1935, and that death occurred, on the date stated above, at 11.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Influenza

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Fred Woolridge, M. D.

2/13 1935 (Address) 903 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: 2/14 1935

20 UNDERTAKER: Thos. E. Kelson

ADDRESS: 1503 Freeman St

M. D. F. 1268-9

F 09621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09621

CERTIFICATE OF DEATH

✓ 93-D

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. William & West Sts. St., 6 Ward)

Length of residence in city or town where death occurred 53 yrs. 8 mos. --- ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph Eser.

(a) Residence: No. 33 N. Linwood St. St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of XXXXXXXX Minnie Eser.

6. DATE OF BIRTH (month, day, year) May---1881

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	53	8	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: U.S. Deputy - Marshall.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Eser.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Minnie Eser. (wife)
(Address) 33 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Feb 14 1935

19. UNDERTAKER John F. Horgan
(Address) 3005 E. Baltimore St

20. FILED FEB 13 1935 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___ to ___, 19___

I last saw h___ alive on ___, 19___. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Other contributory causes of importance:	

Name of operation None Date of ___

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___
If so, how?

(Signed) Otto M. Reinhardt, M. D.
2/12/35 (Address) 1017 E. Charles St. Coroner

M. D. P. 1268-9

F 09622

F 09622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3741 E. Lombard St., No. Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Goodwin

(a) Residence: No. 3741 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Ellen Goodwin

6. DATE OF BIRTH (month, day, year): 1859

7. AGE: Years 76; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Hucksters

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland England

FATHER

13. NAME: don't know

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mrs Daisy Goodwin
(Address) 3741 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Int. Cumelbeu Date 2/13/ 1935

19. UNDERTAKER: John J. Morgan
(Address) 3000 E. Baltimore

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1934 to Feb 11 1935

I last saw him alive on Feb 10 1935 Death is said to have occurred on the date stated above, at 5 45 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward J. McCann M. D.

(Address) 3507 Fait Ave

M. D. B. 1268-9

F 09623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09623

CERTIFICATE OF DEATH

791-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) St., 144 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Abraham Hoffman

(a) Residence: No. Edison Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Dora Wildasin

6. DATE OF BIRTH (month, day, year) Janry 24-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Stephen Hoffman

(Address) Belair Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Feby 15 1936

19. UNDERTAKER Dean & Foster

(Address) Belair Md

20. FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12 . 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-3-36 . 1936 to 2-12 . 1936

I last saw him alive on 2-12 . 1936 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset 12-20-35

Other contributory causes of importance:

Arteriosclerotic Cardio-Vascular disease with Auricular fibrillation

Name of operation — Date of

What test confirmed diagnosis? Gastric analysis & Blood picture. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. E. Bryant Jr. M. D.

(Address) University Hospital

Spec.—8-24-14—M. & T.—2000 Bks.

F 09624 HEALTH DEPARTMENT—CITY OF BALTIMORE F 09624

CERTIFICATE OF DEATH.

REGISTERED NO. C 50

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 Whitmore Av. ST.: 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sara Cecilia Thurley

(Residence in Baltimore: No. 1801 Whitmore Avenue. Balto. St.: 50 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH. November (Month) 18 (Day), 1884 (Year)

7-AGE. 50 yrs. 2 mos. 25 ds. If LESS than 1 day, hrs. or mins.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: None (b) General nature of industry, business, or establishment in which employed (or employer): Housework

9-BIRTHPLACE. (State or Country). Baltimore Md.

PARENTS.

10-NAME OF FATHER. Francis J Thurley.

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER. Mary T Hughes

13-BIRTHPLACE OF MOTHER (State or Country). Annapolis Md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mr. Francis J. Thurley

(Address) 1801 Whitmore Ave.

15-

Filed FEB 13 1935 191

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH. February (Month) 12 (Day), 1935 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 11 1934, to Febr 12 1935, that I saw her alive on Febr 12 1935, and that death occurred, on the date stated above, at 6.40 p.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Left Lung, Primary in right Breast

(Duration) yrs. 2 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) W. G. Bellmann M. D.

Febr. 12, 1935 (Address) Towson, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. New Cathedral Cem. DATE OF BURIAL. Feb. 16th, 1935

20-UNDERTAKER Joseph Cook ADDRESS 1003 West Baltimore St.

M. D. B 1268-A F 09625

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09625

CERTIFICATE OF DEATH

✓ 140

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn M. Bordley

(a) Residence: No. 2626 Ashland Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Austin Joseph Bordley

6. DATE OF BIRTH (month, day, year) October 16, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Walter L. Carter

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Maggie Hippler

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Austin J. Bordley
(Address) 2626 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 2/14, 1935

19. UNDERTAKER Kane & Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Peritonitis	
Pleural Effusion (Septic)	

Other contributory causes of importance:

Self induced abortion

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Said she introduced a slippery

Manner of injury elm into uterus before

Nature of injury Reb 5th-Entran ce to Deap

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) 508 E. North Ave.

FEB 13 1935

M. D. B. 1268-F 09626

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09626

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Poplar Grove St. St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert N. Clarke

(a) Residence: No. 1516 Poplar Grove St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Telephone Co

10. Date deceased last worked at this occupation (month and year) Oct. 1932

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles E. Clarke

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Dwyer

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Catherine F. Clarke
(Address) 1516 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Feb. 15, 1935

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED ..., 19... ... Registrar.

FEB 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from August, 1933, to Feb 11, 1935

I last saw him alive on Feb 11, 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1933
Chronic Myocarditis	1933
Arteriosclerosis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Scagnetti, M. D.
(Address) 1729 W. Lombard St.

M. D. F. Feb-9 F 09627

F 09627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Aged Women's Home

Registered No.

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Ella E. Klinefelter

(a) Residence: No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 20, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jesse Klinefelter

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Barbara Ramsay

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Forstall
(Address) 1404 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 13, 1934

19. UNDERTAKER F. Vernon Keehner
(Address) 522 Hollins St

20. FILED [illegible], 19[illegible] [illegible] Registrar.

FEB 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 35

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1928 to Feb 12 1935
I last saw her alive on Feb. 12, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Cardiac dilatation	2/12/35

Other contributory causes of importance:
Chronic Myocarditis
Colloid goiter

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B. Jones, M. D.

(Address) 1105 St Paul St, City

M. D. P. 1268-9

09628 HEALTH DEPARTMENT—CITY OF BALTIMORE E 09628

CERTIFICATE OF DEATH X 122-a

1. PLACE OF DEATH United States Marine Hospital, Registered No.
CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Homer C. Hiatt

(a) Residence: No. Neoga, Illinois St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 12-28-34
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Neoga, Illinois

FATHER

13. NAME Anderson Hiatt
14. BIRTHPLACE (city or town) (State or country) Neoga, Ill.

MOTHER

15. MAIDEN NAME Martha Baldwin
16. BIRTHPLACE (city or town) (State or country) Neoga, Ill.

17. INFORMANT U.S. Marine Hospital Records
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Feb. 13 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 1251 Northampton.

20. FILED 2-13-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 4- 1935 to February 10 1935
I last saw him alive on February 10 1935 Death is said to have occurred on the date stated above, at 12:25 P.M.

The principal cause of death and related causes of importance were as follows: Date of onset

[illegible]
Hernia, inguinal, external, left unknown
Hernia, ventral, post operative "
Ileus, paralytic, post operative 2-5-35

Name of operation Date of
What test confirmed diagnosis? Phys. exam & Post mortem Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.
(Address) U. S. Marine Hospital, Balto., Md

M. D. P. 1268-9

09629 F 09629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Susan Mabbey

(a) Residence: No. 3720 Roland Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry A. Mabbey

6. DATE OF BIRTH (month, day, year) Dec 13, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. Rosemore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E. Bull

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Clark

(Address) 3638 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Pine Grove, Baltimore Co. Date Feb. 15, 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. Monta Ave.

20. FILED FEB 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1935, to Feb 13, 1935.

I last saw h. alive on Feb 13 m., 1935. Death is said to have occurred on the date stated above, at 2 35/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of liver	?
Peritonitis	
Cholecystitis	?
Cholelithiasis	

Other contributory causes of importance:

Thrombophlebitis	2-9-35
Endocarditis	2-9-35
Obstructive jaundice	1-26-35

Name of operation Exploratory Date of 2-3-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel R. Robertson, M. D.

(Address) Mercy Hosp.

M. D. B. 12-40 F 09630 ✓ F 09630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 S. Ann St., V Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Marsch

(a) Residence: No. 245 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Amelia Marsch

6. DATE OF BIRTH (month, day, year) March 22. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	10	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer do 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Market

10. Date deceased last worked at this occupation (month and year) Jan. 1927

11. Total time (years) spent in this occupation 24 years

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Marsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Boessner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amelia Dooley

(Address) 519 S. Mansfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Sth. Rel. Ch. Cem. Date Feb. 13. 1935

19. UNDERTAKER Henry Sander & Sons Inc. Geo. J. Sander

(Address) Balto & Broadway

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1935, to Feb. 11, 1935

I last saw h[illegible] alive on Feb. 10, 1935. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	5 yrs
Chr. Myocarditis	
Chr. Arteriosclerosis	

Other contributory causes of importance:

Diabetic Coma	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Mae J. Quigley, M. D.

(Address) 500 E. Eutaw St.

M. D. B. 12688 F 09631 ✓ F 09631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 752 Linn St., [illegible] Ward)

Length of residence in city, town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Mosby

(a) Residence: No. 752 Linn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Stillborn

6. DATE OF BIRTH (month, day, year): 2/8/35

7. AGE	Years	Months	Days	If LESS than 1 day, 4½ hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stillborn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: Geo. W. Murry

FATHER

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Bertha Queen

16. BIRTHPLACE (city or town) (State or country): Walkersburg Md

17. INFORMANT: mother Bertha Mosby

(Address): 752 Linn St

18. BURIAL, CREMATION, OR REMOVAL: Cremation

Place: Emmanuel, Hosp Date: Feb. 8, 1935

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar.

FEB 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1935, to Feb. 8, 1935

I ~~last saw her alive~~ on 2/8, 1935. ~~Death is said to have occurred~~ on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Abortion	
1 (20 wks)	

Other contributory causes of importance: Maternal Lues.

Name of operation: None Date of: No

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. J. Savage M. D.

(Address) Emm. Hosp.

M. D. B. 1268-9

F 09632

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09632

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

Registered No.

CITY OF RALTIMORE: (No. Johns Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Schimunek

(a) Residence: No. 2603 E. Madison St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced WIFE of HUSBAND of Elizabeth

6. DATE OF BIRTH (month, day, year) Feb 10/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	26, 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver-Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery 646

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Albert Schimunek

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Barbara Jedlicka

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Elizabeth Schimunek

(Address) 2603 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb.14,1935

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11/35 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at about 8.30 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to Stab wounds	
Epistol shot wounds	2/11/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Homicide Date of injury 2/11/35

Where did injury occur? Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place An Atlantic & Pacific store 1601 E. Madison St

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address) 708 E. Lanvale St

M. D. B 1268-9

F 09633

F 09633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 Presbury St., 15-6 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? 30 yrs. mos. da.

2. FULL NAME Anna Gouch or Guogis

(a) Residence: No. 1939 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F m.	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley

6. DATE OF BIRTH (month, day, year) Feb 20 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Stanley Gauchosguogis

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anna Burkšer

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Charles Gouch.
(Address) 1939 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 14. 1935

19. UNDERTAKER Chas L. Kuchayskas
(Address) 632. S. Paca St.

20. FILED . 19 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28 . 1935 to Feb. 11 . 1935
I last saw her alive on Feb. 9 . 1935. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Jan. 1935
Other contributory causes of importance:	
arterio - sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Buchmen . M. D.
(Address) 375. Stricker St.

M. D. B. 1268-S

F 09634

09634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Green Mount Ave St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Gold

(a) Residence: No. 2510 Green Mount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Wing;e

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Daniel Gold

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rebekah H.Gold
(Address) 530 N.Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Berryville Va. Date 2-15-35 19

19. UNDERTAKER John O. Waterfall & Sons
(Address) 1900 Eutaw Place

20. FILED 3 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from . 1928 to Feb. 11 . 1935
I last saw her alive on Feb 11 . 1935 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Number

Other contributory causes of importance:
High Blood Pressure and Senile Abdominal Tumor.
Number

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. L. Ingram M. D.
(Address) 2439 N.Charles St.

M. D. P. 1268-9

E 09635

HEALTH DEPARTMENT—CITY OF BALTIMORE

09635

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto Home St., 16 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laurence Newman

(a) Residence: No. 2503 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Newman

6b. DATE OF BIRTH (month, day, year) Jan 23 1886

7. AGE Years 48 Months 10 Days 7 If LESS than 1 day, hrs. ... or min. ...

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME August Newman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Pfeffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Amanda Newman

(Address) 2503 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/4/35 19

19. UNDERTAKER Frederick A. Cole

(Address) 1208 W. Lanvale St.

20. FILED ... Registrar.

2 3 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

That I last saw h... alive on Feb 1st 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan 31
Sudden	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. D. Luck M. D.

(Address) Baltimore

M. D. P. 1769-9

✓ F 09636

09636
295646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-C

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phil. J. Bennett Jr

(a) Residence: No. 15 Monroe Apts. St., Ward. Charlottesville Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, ~~Married, Widowed, or Divorced~~ (write the word): Single

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/3/34

7. AGE — Years | Months: 3 | Days: 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Phillip Bennett.

14. BIRTHPLACE (city or town) (State or country): Oklahoma

MOTHER

15. MAIDEN NAME: Francis Corbin

16. BIRTHPLACE (city or town) (State or country): Oklahoma.

17. INFORMANT: Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place: Tulsa Oklahoma Date: Feb 15 1935

19. UNDERTAKER: Klaus Merkein Undertaking Co
(Address) Eastern Ave & Caroline St

(Signed) ..... Registrar.

131935

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb-12 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb-10 1935 to Feb-12 1935

I last saw h/m alive on Feb. 12. 1935 Death is said to have occurred on the date stated above, at 950 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-10-35
Congenital malformation of the heart	Birth

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas L. Schweyer M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 09637 ✓ F 09637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103- W. Lanvale St., 11-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Harry Wade

(a) Residence: No. 103- W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 28-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Longfield Wade

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Anna Davis

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Anna D. Wade
(Address) 103- W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Feb 14, 1935

19. UNDERTAKER Henry W. Depkin Sons Co
(Address) 1525 McCulloh & Eutaw Sts.

Feb 13 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935 to Feb. 17, 1935

I last saw him alive on Feb. 11, 1935 Death is said to have occurred on the date stated above, at 8:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	1915

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Wm. D. Scott, M. D.

(Address) 4816 Pennington Ave.

M. D. B. 1268-9

✓ F 09638

09638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Linwood ave Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna M Steinmetz

(a) Residence: No. 14 N. Linwood St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fredrick

6. DATE OF BIRTH (month, day, year): Feb 10 1862

7. AGE: Years 73 | Months | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Philip Hofmeister

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Dorothy Bregel

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Fredrick Steinmetz

(Address): 14 N Linwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Feb 15 1935

19. UNDERTAKER: Martin V. E. Oppel

(Address): 878 Ann St.

20. FILED ..... 19..... Registrar.

31935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Feb 12 1935

I last saw her alive on Feb 12 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebro Embolism

Stroke

Other contributory causes of importance:

Influenza

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) H Epstein M. D.

(Address) 927 N Paca St

M. D. R. 1268-9

09639 E 09639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Tuberculosis Hospital — Registered No. ....

CITY OF BALTIMORE: (No. .... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Carl Gilchrist

(a) Residence: No. 533 N Bond St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Augt 8, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	16	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME James Gilchrist

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2-14 ....

19. UNDERTAKER Robert E Williams
(Address) 1515 Mc Elderry st

20. FILED .... Registrar.

31935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1934 to Feb 10 1935

I last saw him alive on Feb 9 1935 Death is said to have occurred on the date stated above, at 6 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 1933

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of Injury .... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of Injury ....

Nature of Injury ....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify ....

(Signed) Meyer W. Jacobson, M. D.

(Address) Balto. City Hospitals

M. D. B 1268-9

F 09640

09640

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 16 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

(Maine)

2. FULL NAME Wilhelmina Helfrich

(a) Residence: No. 2871 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Conrad Helfrich

6. DATE OF BIRTH (month, day, year) May 10 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME John Long

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs Addie Helfrich
(Address) 2871 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 14 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 13 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-27-1934 to 2-12-1934

I last saw her alive on 2-12-1935 Death is said to have occurred on the date stated above, at 5-50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Chronic Nephritis	
Other contributory causes of importance:	
Broncho-pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Rafael F Neiley M. D.

(Address) St Agnes Hospital

M. D. P. 1268-9

F 09641

09641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 Harford Rd Ward) 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Bay

(a) Residence: No. 3507 Harford Rd., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Alfred S. Bay

6. DATE OF BIRTH (month, day, year) Feb 3rd 61

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	0	4 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Feb. 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME William Hildt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jane Fletcher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John S. Bay

(Address) 3507 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb 14 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1935 to Feb 17 1935

I last saw h... alive on Feb 16 1935 Death is said to have occurred on the date stated above, 12.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Feb 5 -

Other contributory causes of importance:

Cerebral arterio sclerosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry E. Wilson, M. D.

(Address) 3 W. Biddle St

M. D. B. 1268-9

✓ F 09642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 99642 (5702) 108

Registered No.

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL — St., 9 Ward)
CITY OF BALTIMORE: (No. ...)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Ogleheart

(a) Residence: No. 3637 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/31/04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Dept Store

10. Date deceased last worked at this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Ogleheart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Jolly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/15, 1935

19. UNDERTAKER Wm Lorz & Son
(Address) 1212 St Paul St

20. FILED 2/15, 1935 [illegible] Registrar.

31935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1935 to Feb 13, 1935.
I last saw him alive on Feb 13, 1935. Death is said to have occurred on the date stated above, at 8 41 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
lobar Pneumonia involving all the lobes on the right side due to Pneumococcus Type I	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herbert Eichert, M. D.

(Address) Johns Hopkins Hospital

M. D. F. 120

F 09643

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09643

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3032 Hartford Av St., 9 Ward)

Length of residence in city or town where death occurred 54 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Krautz

(a) Residence: No. 3032 Hartford Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Krautz

6. DATE OF BIRTH (month, day, year) June 28 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Matilda Arens

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Wilkonski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Krautz
(Address) 3032 Hartford Av

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Feb 15 1935

19. UNDERTAKER Wm Cobb & Son
(Address) 1211 E Lanvale St

20. FILED Feb 14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18 1934 to Feb 11 1935

I last saw her alive on Feb 11 1935 Death is said to have occurred on the date stated above, at 9 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	Unknown

Other contributory causes of importance:

Metastatic Carcinoma

Name of operation Vaginal Hysterectomy Date of Feb 35

What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edgar Bernd M. D.

(Address) 915 Eutaw Pl

M. D. F. 12

F 09644

F 09644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Poplar Grove St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Thomas

(a) Residence: No. 2103 Poplar Grove St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 31st 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry L. Thomas

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Helen K. Drew

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John H. Drew

(Address) 2103 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2/14 1935

19. UNDERTAKER Wm Lee Ford

(Address) 1217 E Fort Ave

FILED FEB 14 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4/35 to Feb. 12 1935

I last saw h[illegible] alive on Feb 12/35 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchs pneumonia	about Feb 4/35

Other contributory causes of importance:

Broncho-pneumonia	Feb 4/35

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wallace Wilkes M. D.

(Address) 2220 Garrison Blvd.

M. D. P. 1250 F 09645

F 09645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 S. Paca St., 21 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Claridge

(a) Residence: No. 903 Ridgely St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Harry R. Claridge

6. DATE OF BIRTH (month, day, year) Jan 25th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Samuel R. King

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Maria Nash

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Howard M. Ziegler
(Address) 903 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Feb 15th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 14 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1935 to Feb 12 1935

I last saw h alive on Feb 12 1935 Death is said to have occurred on the date stated above, at 9.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	10 days
Other contributory causes of importance: Cerebral Hemorrhage - Hemiplegia	Feb 7 '35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. McKelvin M. D.

(Address) 1209 William

M. D. P. 1[illegible] F 09646

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09646

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Hanticoke St. 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Higdon

(a) Residence: No. 1136 Hanticoke St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edmund Higdon

6. DATE OF BIRTH (month, day, year) Aug 23 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Hanover Pa

FATHER

13. NAME: John M. Deutsch

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Lucie Long

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Edward Higdon

(Address): 1136 Hanticoke St

18. BURIAL, CREMATION, OR REMOVAL

Place: Union Cem Date: Feb [illegible], 1935

19. UNDERTAKER: H. Fuhrman & Sons

(Address): 1501 Pratt St

FILED FEB 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1934 to Feb 13, 1935

I last saw her alive on Feb, 13, 1935 Death is said to have occurred on the date stated above, at 11.52 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	2/10/35
Carcinoma of Rt breast with Metastases	10/2/34

Other contributory causes of importance:

Name of operation: Resection of Rt Breast Date of: 10/2/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph R. Lankenau, M. D.

(Address) 163 W Washington Blvd

M. D. B. 1288-B F 09647

F 09647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 Eastern Ave., St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Groff

(a) Residence: No. 2733 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry B. Groff

6. DATE OF BIRTH (month, day, year) May 10, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home. Ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Himmel

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mrs. G. Konig 2733 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/16 1935

19. UNDERTAKER (Address) J. A. Mowry 3000 E. Balto. St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 1935.

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to Feb. 12 1935

I last saw her alive on Feb. 12 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Other contributory causes of importance: Arteriosclerosis.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Eugene Zellers M. D.

(Address) 2739 Eastern Ave.

M. D. F. No. 09648 F 09648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jeanette Ruszczewski

(a) Residence: No. 327 S. Bond St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

7. DATE OF BIRTH (month, day, year): Sept-19-1934

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	122	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME Marion Ruszczewski

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME Margaret Biologzki

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT Marion Ruszczewski

(Address) 327 S Bond st.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Feb 14 1935

19. UNDERTAKER Lilly Zeller & Co

(Address) 703 S Bond St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 1935 to Feb 13 1935

I last saw her alive on Feb. 12 1935 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia -	
at lung - type undetermined.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas L. Egan, M. D.

(Address) Sinai Hospital

M. D. B. 5268-0

09649 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 09649

CERTIFICATE OF DEATH

124-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32. N. Durham St St., 6 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Harman

(a) Residence: No. 32. N. Durhab St St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Harman

6. DATE OF BIRTH (month, day, year) Sept. 24. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	19 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. railroad conductor B&O 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles Harman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Wittig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Harman (daughter)

(Address) 219. S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemt Date Feb 15 . 19 33

19. UNDERTAKER Fillie Zeter Inc

(Address) [illegible]

FILED FEB 16 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 . 1933

22. I HEREBY CERTIFY, That I attended deceased from [illegible] . 19 32 . to Feb 13 . 1933

I last saw h[illegible] alive on Feb 12 . 1933 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	1933
Cardiac Insufficiency	1927

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-2

F 09650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09650

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 E. Madison St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Rowland

(a) Residence: No. 1104 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmont W. Va.

13. NAME Holden Rowland

14. BIRTHPLACE (city or town) (State or country) U.S.

15. MAIDEN NAME Sally Atkinson

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Henderson Rowland

(Address) 1037 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 2-14th 1935

19. UNDERTAKER Bryson & Francis W. Dwight

(Address) 1218 N. Caroline St

20. FILED 2-14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11-35 to 2/12-35

I last saw him alive on 2-12-35 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Lobar Pneumonia	2/1/35
Other contributory causes of importance: Grippe	1/15/35

Name of operation None Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jas. R. Blake M. D.

(Address) 924 Augusta St.

M. D. F 09651

F 09651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 N. Calhoun st. St., 19 Ward)

Length of residence in city or town where death occurred 1w 3ce yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Thomas ~~Brown~~

(a) Residence: No. 305 N. Calhoun st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Negro	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carey Brown

6. DATE OF BIRTH (month, day, year) Sept. 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic of 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2-11-35

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Howard Co.? Md.

MOTHER FATHER

13. NAME Chas. Thomas

14. BIRTHPLACE (city or town) (State or country) Howard Co, Md.

15. MAIDEN NAME Lillie Gooden

16. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

17. INFORMANT Lillie Thomas
(Address) Roy O Mallory St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Feb 16th 1935

19. UNDERTAKER Thomas E Dyche
(Address) 600 Cornelius ave

FILED 2-14 1935 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13- 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1935 to Feb. 13th. 1935
I last saw her alive on Feb. 12th. 1935 Death is said to have occurred on the date stated above, at 5. p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Feb 12 1935
Other contributory causes of importance: Arterioschlerosis	?
Ch. Interstitial Neph.	?

Name of operation Physical Exam. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

M. D. F. 1268-9 F 09652

F 09652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Lenodale

CITY OF BALTIMORE: (No. Jewish Home for Aged St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mr. Moses Nagel

(a) Residence: No. Belvedere & Greenspring Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca

6. DATE OF BIRTH (month, day, year): 4-20-1871

7. AGE: Years 63 | Months 9 | Days 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME OF FATHER: Selik Nagel

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME OF MOTHER: Vitla

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sig. Feinblatt

(Address) Belvedere & Greenspring Ave.

18. BURIAL, CREMATION, OR REMOVAL: Levings Cem. Date 7/4/35 19

19. UNDERTAKER: Jack Levis

(Address) 1732 E. Baltimore St.

20. FILED: July 1st 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1934 to 2-13, 1935

I last saw him alive on 2-12, 1935 Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr. card valvular disease.	
Hypertension.	

Other contributory causes of importance:

Cataract, left eye.	

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Levin, M. D.

(Address) Levindale

M. D. F 12958

F 09653

F 09653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Penn

(a) Residence: No. 2945 Keswick Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sarah E. Penn

6. DATE OF BIRTH (month, day, year): 1/12/1873.

7. AGE — Years: 62 — Months: 1 — Days: — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper hanger.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 605

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard Co. Md

FATHER

13. NAME: Absolom Penn.

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary J. Penn

16. BIRTHPLACE (city or town) (State or country): Howard Co., Md

17. INFORMANT: Jennie Cake

(Address) 2945 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL: London Cake Date Dec 15 1935

19. UNDERTAKER: Chenoweth Bros.

(Address) 3615 W Baltimore Ave

20. FILED: DEC 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11, 1933 to 2/12, 1935

I last saw him alive on 2/12, 1935. Death is said to have occurred on the date stated above, at 10 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto. City Hosp.

M. D. B. 1283-9 09654 Familiar E 09654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 122

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) [illegible] St., 8 Ward)

Length of residence in city or town where death occurred 52 yrs. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ina Hamilton

(a) Residence: No. 2220 E Biddle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: William S. Hamilton

6. DATE OF BIRTH (month, day, year): Dec 25, 1861

7. AGE: Years 73 | Months 1 | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

13. NAME: Benedict Thompson

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Elizabeth Matthews

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: 2/15 '35

19. UNDERTAKER: J. Fahey Dyer
(Address): 318 Edgar St.

20. FILED [illegible] 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1935 to Feb. 12, 1935

I last saw her alive on Feb 12, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia, Interstitial, post Operative	
Other contributory causes of importance: Intestinal Obstruction	2/8/35
Mechanical, acute	
Thyrotoxicosis, acute	?

Name of operation: Exp. Laparotomy. Date of: 2/10/35

What test confirmed diagnosis? — Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel T. Gayal M.D.

(Address) Balto City Hospitals

M. D. B. 1268-M F 09655 F 09655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Winchester St., 16 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan R. Musser,

(a) Residence: No. 2814 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of / HUSBAND of: Francis Thomas Musser,

6. DATE OF BIRTH (month, day, year): April 8, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ovd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Co. MD.

FATHER

13. NAME: John McDevitt,

14. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

MOTHER

15. MAIDEN NAME: Margaret Reed,

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Miss Lulu B. Musser

(Address) 2814 Winchester St

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem.

Place Frederick Md. Date . 19

19. UNDERTAKER: Robert S. Little

(Address) 2700 Edmondson Ave.

20. FILED FEB 14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): FEB 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 . 1935 to Feb 12 . 1935

I last saw h[illegible] alive on Feb 12. 1935. Death is said to have occurred on the date stated above, at 10, 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	✓
Dilatation of heart	✓

Other contributory causes of importance:

General Arterio sclerosis	✓

Name of operation no Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Hale A. Hazlett M. D.

(Address) 1219 Poplar Grove

Spec.—8-[illegible]29—[illegible]

F 09656

F 09656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 McCulloh ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles A. Frye

(a) RESIDENCE NO. 2131 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col	Married

6 If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Lottie Frye

7 DATE OF BIRTH (month, day, and year) Unk

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor 2016

(b) General nature of industry, business, or establishment in which employed (or employer) Jitney

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unk

12 MAIDEN NAME OF MOTHER Unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unk

Informant Lottie Frye

(Address) 2131 McCulloh St

Filed [illegible], 19 [illegible] Registrar

14 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 13 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935, to Feb 13, 1935, that I last saw him alive on Feb 12, 1935 and that death ocrurred, on the date stated above, at 5.08 A m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis,

(doration) yrs. 6 mos. ds.

CONTRIBUTORY (Serondary) Toxemia

(doration) yrs. 1 mos. 9 ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observed Symptoms

(Signed) [illegible], M. D.

2-14, 1935 (Address) 813 N. Eutaw St

*State the Disease Causing Death, or in deaths from violent causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star

DATE OF BURIAL 2 16 1935

20 UNDERTAKER Bernard P. Hensley

ADDRESS 518 W. N. Ave

M. D. B. 1268-9 F 09657 F 09657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Mosher St., 14 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy Sprig Dorsey

(a) Residence: No. 215 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/5/65

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	69	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Market, Md.

FATHER

13. NAME Wm. Broderick Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bettie Brashear

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Kate W. Dorsey
(Address) 215 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick, Md. Date 2/15/35. 19

19. UNDERTAKER John A. Mitchell & Son
(Address) 1900 Eutaw Place.

20. FILED ... 19... ... Registrar.

B 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/35. 19

22. I HEREBY CERTIFY, That I attended deceased from (June. 1924. to Feb. 13. 1935

I last saw her alive on Feb 1st, 1935. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Terminal	
Cerebral Hemorrhage	

Other contributory causes of importance:

Staph Blood Poisoning for several yrs.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) E R Owings M. D.

(Address) 1733 Linden Ave.

M. D. B. 1268-9

F 09658

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09658

CERTIFICATE OF DEATH

✓ 46-G

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 146 Wilson St., 14 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Ogle Young

(a) Residence: No. 146 Wilson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	ma widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Young

6. DATE OF BIRTH (month, day, year) Dec. 24, 1843

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	1	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Prince George Co. Md.

FATHER

13. NAME Richard Mullikin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Ogle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rosalie Y. Trippe

(Address) 146 Wilson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Feb. 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED FEB 14 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1926 to Feb 12 1935

I last saw h.. alive on Jan 21, 1935 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Angina Pectoris first observed	Jan 1926 Jan 1927

Other contributory causes of importance:

Pneumonia ? Duration first observed	6.3.33

Name of operation None Date of

What test confirmed diagnosis? (Clinical) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas Cloud Judd, M. D.

(Address) 222 Glendover Road

M. D. B. 1268-9

F 09659

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09659

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Found floating in the water

CITY OF BALTIMORE: (No. at Pier 4 Pratt St. St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Mac Cubbin.

(a) Residence: No. 1121 Wilcox St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of XXXXXXXX Agnes M. Mac Cubbin.

DATE OF BIRTH (month, day, year) August 8, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sewing machine operator.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cotton

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas C. Mac Cubbin.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary E. Wagner.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Agnes M. Mac Cubbin. (wife)

(Address) 1121 Wilcox St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 16 19 35

UNDERTAKER Elmer W. Conkling

(Address) 924 E. Eager St.

FILED 41935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing Dec. 23/34 Found Feb. 12/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Probably accident 12/23/34

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? Pier 4 Pratt St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Fell from a wharf.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If yes, specify

Signature Otto M. Reinhardt M. D.

2/18/35 1017 E. Charles St Coroner
(Address)

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09660

9660

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 E. 25th St., 12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Josephine C. Gardner

(a) Residence: No. 333 E. 25th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George H. Gardner

6. DATE OF BIRTH (month, day, year) Sept. 2, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. George H. Gardner, Jr.
(Address) 333 E. 25th St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Feb. 14, 1935

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible] to [illegible], 19[illegible]

I last saw h[illegible] alive on [illegible] 19[illegible] Death is said to have occurred on the date stated above, at 11.45 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Donnelly Coroner, M. D.

(Address) 3[illegible] N. Howard St.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

3661 — 1-09661

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Warren Ave. St. 72 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Schmidt

(a) Residence: No. 112 Warren Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Oct. 25, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. George F. Obrecht

(Address) 112 Warren Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb. 14, 35

19. UNDERTAKER John F. Heyman

(Address) 715 Light St.

[illegible]

FEB 14 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to Feb 12, 1935

I last saw her alive on Feb 11 10.30 1935 Death is said to have occurred on the date stated above, at 2. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Hypostatic Pneumonia (both lungs)	

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. H. Barranco M. D.

(Address) 436 E Fort Ave

M. D. R. 1268-0

09662 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 09662

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 E Preston St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Kirman

(a) Residence: No. 730 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. Kirman

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Alice Rowe
(Address) 730 E Preston

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Rd
Place Holy Cross Date 2/15 1935

19. UNDERTAKER Leo J Cook
(Address) 1723 Patterson Pk Ave

20. FILED FEB 14 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1934 to Feb 12 1935

I last saw her alive on Feb 6 1935 Death is said to have occurred on the date stated above, at 9:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1 yr
Other contributory causes of importance:	
cute Dilatation	1 day
of Stomach	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edward Lewis M. D.

(Address) 413 N Washington

M. D. P. 1268-9

09663 HEALTH DEPARTMENT—CITY OF BALTIMORE 09663

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Donald Sprowls

(a) Residence: No. 3402 W. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 10-12-34

8. AGE: Years | Months: 4 | Days: 1 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ood

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Montgomery Sprowls

14. BIRTHPLACE (city or town) (State or country): Penna

15. MAIDEN NAME OF MOTHER: Emma Mease

16. BIRTHPLACE (city or town) (State or country): Penna

INFORMANT: Montgomery Sprowls

Address: 3402 W Mulberry

BURIAL, CREMATION, OR REMOVAL: Date 2/14/35

Wesleyan Pa

UNDERTAKER: Geyer & Farley

(Address) Fulton & Fayette

FILED FEB 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-13-35

22. I HEREBY CERTIFY, That I attended deceased from 9am/2-12-35, 19 to 11pm 2-13-35, 19

I last saw him alive on 2-13-35, 19 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset: 2 days

Confirmed by Joseph L. Voltmer M.D. Coroner 2-14-35

Other (conditions, if any, of importance):

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Robert H. Aellison M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-a

9664 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 09664

CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 McKean Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Williams

(a) Residence: No. (Colchester Md.) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles a Williams

6. DATE OF BIRTH (month, day, year) July 8 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	65.	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Odd~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Daniel Boxley

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sophia Lyons

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Martha Boxley

(Address) Easton Md.

18. BURIAL, CREMATION, OR REMOVAL Easton Baptist Cem Date Feb 15/1935

19. UNDERTAKER Walter Hayes

(Address) 324 E Chestnut Ave.

FEB 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9. 1935. to Feb. 12. 1935

I last saw her alive on Feb. 12. 1935. Death is said to have occurred on the date stated above, at 8 45 ~~p~~ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	1912.

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) John D. Quinn M. D.

(Address) 1507 N. Fulton Ave.

M. D. P. 1268-A F 09665

F 09665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Gilmor St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E Stivers

(a) Residence: No. 119 S Gilmor St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE Ella Pearl Stivers

6. DATE OF BIRTH (month, day, year) Dec 8 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer B&O 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Co

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas A Stivers

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary J Covell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ella R Stivers
(Address) 119 S Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date Feb 15 1935

19. UNDERTAKER Geo L Bayer Jr
(Address) 1512 Hollins St

20. FILED 19 [illegible]

FEB 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd . 1935 to Feb 12 - . 1935

I last saw him alive on Feb 12 - . 1935 Death is said to have occurred on the date stated above, at 10.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	2/3/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

2/13/35 (Signed) E Hilles Hemmeter M. D.

(Address) 2000 Hollins St

M. D. B. Form-9 F 09666 Coroner John J. Morrissey notified. Will O.K. death certificate. 09666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,
CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rudolf Kotrosa

(a) Residence: No. Edgemere Ave., Edgemere, Md. St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) October 10, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman 2nd Cl.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy

10. Date deceased last worked at this occupation (month and year) 2-9-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Clarksburg, W.Va.

13. NAME Rudolf Kotrosa

14. BIRTHPLACE (city or town) (State or country) Hungaria

15. MAIDEN NAME Mary Homoki

16. BIRTHPLACE (city or town) (State or country) Hungaria

17. INFORMANT U. S. Marine Hospital, Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National Cem. Date Feb 14 1935

19. UNDERTAKER E. Leroy Stiller, Inc.
(Address) 12 56 North Ave.

20. FILED ... 19 ... Registrar

FEB 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13 1935

22. I HEREBY CERTIFY, That I attended deceased from February 12 1935 to February 13 1935
I last saw him alive on February 13 1935. Death is said to have occurred on the date stated above, at 2:10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal fever, meningococcus infection	unknown

Other contributory causes of importance:

Name of operation Spinal Puncture Date of 2-12-35

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) ... M. D.

(Address) U.S.Marine Hospital, Balto. Md.

M. D. H. 1268-9

F 09667 ✓ F 09667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

Registered No. .....

1. PLACE OF DEATH — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 3 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Schiavo

(a) Residence: No. 909 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Pauline Schiavo

6. DATE OF BIRTH (month, day, year) Nov. 25. 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30 31	3.	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Anthony Schiavo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Forte

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Pauline Schiavo (wife)

(Address) 909 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date 2-16-35

19. UNDERTAKER Wm. H. Hoppel & Son

(Address) 300 S. Eden St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from January 3. 1935. to February 12. 1935.

I last saw h alive on February 12. 1935. Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute hemorrhagic pancreatitis	1-3-35

Other contributory causes of importance:

1. Pulmonary infarct & pleural effusion	

Name of operation Laparotomy Date of 1-3-35

What test confirmed diagnosis? op Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Waesmiller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9 F 09668

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09668

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2923 E. Balto St. St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Finkeldey

(a) Residence: No. 2923 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Franklin Finkeldey

6. DATE OF BIRTH (month, day, year) Oct 15, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William H. Bolander

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Beck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Franklin Finkeldey

(Address) 2923 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Feb 15, 1935

19. UNDERTAKER Frank S. Siburtone

(Address) 2 E. Balto St

20. FILED FEB 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935 to Feb 12, 1935

I last saw h[illegible] alive on Feb 10, 1935. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernst Jonley M. D.

(Address) 2 E. Balto St.

AaCo. F 09669

HEALTH DEPARTMENT—CITY OF BALTIMORE F 09669

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 W Fairvale St., 16 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irma Janette Bagwell

(a) Residence: No. 1011 W Fairvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Finan E Bagwell

7. DATE OF BIRTH (month, day, year) Jan 29-1909

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Smith

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

15. MAIDEN NAME Florence G. Tuttle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Florence G. Brooks

(Address) 1011 W Fairvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 14, 1935

19. UNDERTAKER Chas. L. Cooper

(Address) 214 N Carlton St

FILED FEB 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1934, to Feb 10, 1935

I last saw her alive on Feb 6, 1935, death is said to have occurred on the date stated above, at 12 midnight m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 30, 1934

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. A. N. Wright, M. D.

(Address) 1209 Pressbaum St

F 09670

H. D. B 1268-9

09670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Park Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo L. Kremer

(a) Residence: No. 1107 Park Ave St., ... Ward. X

(Usual place of abode) (If non-residents give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie Kremer

DATE OF BIRTH (month, day, year): May 17, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocery store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): Dec 1934

11. Total time (years) spent in this occupation: 003 X

BIRTHPLACE (city or town) (State or country): Russia

13. NAME OF FATHER: Isaac Kremer

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME OF MOTHER: Evi

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT (Address): Irene Kremer 1107 Park Ave

BURIAL, CREMATION, OR REMOVAL: Date Feb 14 1935

Place: Greenmount Cem

UNDERTAKER: Joseph Lyrison & Bro

(Address) 1127 E Balto st.

FILED ..... 19..... Registrar.

4 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14 (T) 35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... ; saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental	
Asphyxiation	Feb
Illuminating Gas	Feb

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 14 1935

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Stepped open on Gas Heater

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leith Horner M. D.

(Address) .....

F 09671

M. B. F. 1268 F 09671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 22 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Smith.

(a) Residence: No. 408 Euslin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Colored.

5. Single, Married, Widowed, or Divorced (write the word): married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie Green. ?

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fire 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Mitchell

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Millie ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Jos N. Green (stepson)
(Address) 530 Burgundy St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 15 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder Ste.

FILED FEB 14 1935 19... Registrar.

R-75

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1935 to 2/11 1935

I last saw him alive on 2/11 1935 Death is said to have occurred on the date stated above, at 10¼ p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
Congestive Failure
Arteriosclerosis

Date of onset: 1 mo. ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reuter M. D.

(Address) Balto. City Hosp.

M. D. F 09672 ✓ F 09672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408- W. Mulberry St., 19 Ward)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Louise Diggs Smith

(a) Residence: No. 1408- W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of William Smith

6. DATE OF BIRTH (month, day, year) 2.4.'05

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-30-	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) January, 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Camp Parole Md.

FATHER

13. NAME John T. Diggs

14. BIRTHPLACE (city or town) (State or country) Camp Parole Md.

MOTHER

15. MAIDEN NAME Maggie Weems

16. BIRTHPLACE (city or town) (State or country) Crownsville Md.

17. INFORMANT Maggie Weems Connor

(Address) 1408- W. Mulberry.

18. BURIAL, CREMATION, OR REMOVAL

Place Brown Hill Cem. Annapolis Md. Date Feb 16, 1935

19. UNDERTAKER Mr. Pete R. Williams

(Address) 222 E. Schroeder St.

20. FILED — 19— — Registrar.

14 1935 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.12.35 19

22. I HEREBY CERTIFY, That I attended deceased from 2.10.35 19 to 2.12.35 19

I last saw h[illegible] alive on 2.11.35 19 Death is said to have occurred on the date stated above, at 2:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gastric ulcer (about) 4 wks.	
Perforated gastric ulcer	2.12.35
Internal Hemorrhage - Shock	2.12.35
Exanition (about) 4 wks.	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington st.

M. D. B. 13-30 F 09673 ✓ F 09673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 18 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ollie Cowen

(a) Residence: No. 322 N. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col'd

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 7, 1895

8. AGE: Years 40 | Months 10 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Maggie Potter

16. BIRTHPLACE (city or town) (State or country) Salisbury N.C.

17. INFORMANT Sister Lawrence

(Address) 1130 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury, N.C. Date Feb. 14, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lanvale St.

APR 4 1935

(Signature and Title of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1935, to 2-10, 1935

I last saw h[illegible] alive on 2-10, 1935. Death is said to have occurred on the date stated above, at 6:47 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Mild Meningitis undetermined origin.	1-31,

Other contributory causes of importance:

Moderate Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. P. 1268-9

✓ F 09674

09674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N Rose St., 6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James P. Hagan Jr

(a) Residence: No. 128 N Eugene St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Premature

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Feb 14, 1935

AGE	Years	Months	Days	If LESS than 1 day: hrs. or 5 min.
Premature			—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: James P. Hagan

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Agnes C. Pederson

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Agnes C. Hagan

(Address): 128 N Eugene St

18. BURIAL, CREMATION, OR REMOVAL

Place: J. H. Med School Date: Feb 14, 1935

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar.

1119

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1935 to Feb 14, 1935

I last saw her alive on Feb 14, 1935 Death is said to have occurred on the date stated above, at 7 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature separation of Placenta	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. F. Mayer M. D.

(Address) 760 E Baltimore St

M. D. B. 1268-9

✓ F 09675

09675 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mount Hope Retreat St., 28 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Annie Kernan (Eugenia L.)

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James L. Kernan

7. DATE OF BIRTH (month, day, year) May 27-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	17	16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Patrick O'Hara

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sabina Farell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Mt. Hope.
(Address) Mt. Hope Retreat, City.

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Cathedral Cem. Date Feb 15/35 19

19. UNDERTAKER Stewart & Mowen Company
(Address) 108 W. Fayette Street

FILED 1935 By [illegible] a Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1934 to February 13, 1935

I last saw h er alive on February 13, 1935. Death is said to have occurred on the date stated above, at 8.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	?
Homicidal	49 yrs.
Other contributory causes of importance: Glomerular Nephritis	4 days
Terminal pneumonia	3
Chronic passive Congestion typ	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Damon P. Clazier M. D.

(Address) 3326 Eastern Ave

H. D. B. 1268-9

✓ F 09676

09676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 535 Oakland Ave St. 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Agnes Simmott

(a) Residence: No. 535 Oakland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James H. Simmott

DATE OF BIRTH (month, day, year) Not known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	Est 80 yrs	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month, day, year) None 11. Total time (yrs.) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME ? Higgins

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Julia A. Fahey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mollie Martin

(Address) 535 Oakland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/16 '35

19. UNDERTAKER J. J. Fahey & Son

(Address) 1318 Eastern Ave

FILED 2/14/1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1935, to Feb 14, 1935

I last saw her alive on Feb 9, 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Metast Neoplasm Kidney	Unknown

Other contributory causes of importance:

Acute Edema Larynx	2/10/35

Name of operation None Date of None

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Gerard L. Smith M. D.

(Address) 920 St Paul St

M. D. B. 1268-9

E 09677

09677

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH United States Marine Hospital, (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 22 Ward)

Length of residence in city or town where death occurred lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James McNamee

(a) Residence: No. 104 W. Lee St., Baltimore, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Fannie Pearson McNamee

DATE OF BIRTH (month, day, year) August ? 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 2-7-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James McNamee

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT U.S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross C.A.Co Date Feb. 16- 35 19

19. UNDERTAKER Margaret E. Flynn
(Address) 1417 Eutaw St

20. FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from February 7 19 35 to February 12 19 35

I last saw him alive on February 12. 19 35 Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, subdural, region of right hemisphere	unknown
Pneumonia, lobular (broncho-pneumonia) bilateral, lower lobes	2-8-35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide or homicide~~? ? Date of injury -- . 19 ..

Where did injury occur? -- (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place --

Manner of injury unknown, if any

Nature of injury unknown, if any

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) E. S. Leeder, M. D.

(Address) U.S. Marine Hospital, Balto. Md.

D. B. 1268-9

E 09678

09678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

158

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Whitecoat St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Mudeswood

(a) Residence: No. 1132 Whitecoat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: BUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): May 6 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed at this occupation

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Isa Mudeswood

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Beatrice Taylor

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Beatrice Mudeswood

(Address): 1132 Whitecoat

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cemetery Date: Feb 14th 1935

UNDERTAKER: Archibald A. Gaddis

(Address): 2101 W. Fulton St.

FILED: ... 19 ...

41935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Malnutrition

Date of onset: Feb 14

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Luck M. D. Coroner

(Address) Balto

M. D. F. 4269 F 09679

F 09679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 W Fayette St. 70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Garvey

(a) Residence: No. 1819 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Daniel Garvey

7. DATE OF BIRTH (month, day, year): Aug 2. 1883.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME Edward J. Scanlon

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME Mary T. Gannon

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT Catherine Miller

(Address) 1819 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 16, 1935

19. UNDERTAKER Warton & Conroy

(Address) 1102 Forrest St

20. FILED FEB 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1935 to Feb 13, 1935

I last saw her alive on Feb 12, 1935. Death is said to have occurred on the date stated above, at 4¼ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	Oct-1934
Other contributory causes of importance:	
Bronchopneumonia	Feb 9 '35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Scagnetti, M. D.

(Address) 1729 W. Lombard St

M. D. B. 12-9 F 09680

F 09680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4007 Chesley Ave. St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence L. Bohannan

(a) Residence: No. 4007 Chesley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida J. Bohannan

6. DATE OF BIRTH (month, day, year) May 18, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wharf Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mathews Co., Va.

FATHER

13. NAME Walter Bohannan

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Williams

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Ida J. Bohannan
(Address) 4007 Chesley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 16, 1935

19. UNDERTAKER Frederick Leuchtenberg
(Address) 7401 Belair Road

20. FILED FEB 15 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1934 to Feb 13, 1935

I last saw h[illegible] alive on Feb 12, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Aug 1934

Other contributory causes of importance:

Myocardial infarction Oct 1934

Name of operation Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 09681

F 09681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X- 210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos. 1 ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Raymond Jos. Wingate

(a) Residence: No. Maple Ave. Essex Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Jan. 28-1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
15	15		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Jos. C. Wingate

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Ella Pinto

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs. Jos. Wingate

(Address) Maple Ave. Essex

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 2/15 1935

UNDERTAKER John G. Connelly

(Address) Essex Md.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Comminuted Fracture of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2-12-1935

Where did injury occur? Eastern Ave & Haven St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Fell off of truck on street,

Nature of injury ... fell under wheels

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. Adcorn, Coroner, M. D.

(Address) 2102 E. Monument St.

M. D. F. 1268-9 F 09682 Cherlow F 09682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Minnie Cherlow

(a) Residence: No. 311 N Bulasky St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed or divorced
HUSBAND of
(or) WIFE of Jacob

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Feb 2/15/34

19. UNDERTAKER Jack Levin Inc
(Address) 739 E. Balto. St.

FILED 15 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1935 to Feb 14, 1935

I last saw her alive on Feb 14, 1935. Death is said to have occurred on the date stated above, at 3:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterus adenoma	
Embolism of Coronary artery	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Daniel J Schwartz, M. D.

(Address) Sinai Hospital

AAC. 6-31 2000

09683

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09683

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 N Stricker St., 16 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Sylvester Jones

(a) Residence: No. 1037 N Stricker St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 8 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Monticello Ark

13. NAME Gardner Jones

14. BIRTHPLACE (city or town) (State or country) Monticello Ark

15. MAIDEN NAME Melissa Miller

16. BIRTHPLACE (city or town) (State or country) Monticello Ark

17. INFORMANT Melissa Ireland

(Address) 1037 N Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore, Md Date Feb 17 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED ... 19... (illegible)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-12 1935

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1935, to Feb 12, 1935

I last saw him alive on Feb 12, 1935, death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia Influenza	2/8/35

Other contributory causes of importance: Diabetes Mellitus 1934

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Presstman St

F 09684

H. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09684

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Floretta Goldsborough (Elizabeth Morris)

(a) Residence: No. 1017 W. Franklin st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley Goldsborough

DATE OF BIRTH (month, day, year) April 6, 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Morris

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb 17, 1935

19. UNDERTAKER James A. Sayer
(Address) 1420 Huntington Ave.

Filed 2-17-35, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1934, to February 13, 1935

I last saw her alive on February 13, 1935 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1934

Other contributary causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer M. Jacobs, M. D.
(Address) Baltimore City Hospitals

H. D. P. 126-8

F 09685

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09685

108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Andre St. St., 24 Ward)

Length of residence in city or town where death occurred 7 yrs. ---- mos. ---- da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Matthias Maszko.

(a) Residence: No. 1420 Andre St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) November 7, 1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bethlehem, Pa.

13. NAME Victor Maszko.

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Mary Wayne.

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Mary Maszko. (mother)
(Address) 1420 Andre St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross M.A.C. Date Feb 16 19 35

UNDERTAKER John M Kelly
(Address) 701 E. Fayette St.

FILED 2/13 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	
Other contributory causes of importance:	

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Otto M Reinhardt, M. D. Coroner

2/12/35 (Address) 1017 E. Charles St.

B. D. B. 1269-1

09686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5801 Harmon Ave St., 27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl A. Bland

(a) Residence: No. 5801 Harmon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 2-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) One year ago

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Catlett's Md.

13. NAME Wm J. Bland

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary E. Davis

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Edw. L. Bland

(Address) 5801 Harmon Ave

BURIAL, CREMATION, OR REMOVAL

Place Forest Ridge Date Feb 16 1935

UNDERTAKER Wm J. Tschudy & Son

(Address) Baltimore Md

FILED FEB 15 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1932 to July 13 1935

I last saw him alive on July 15th 1935 Death is said to have occurred on the date stated above, at 1520 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Fell	1932
Very severe due to abscessed & unerupted teeth. UNDER	
Other contributory causes of importance: Progressive General Paralysis	8 Mo
Cerebral Thrombosis	4 days

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. A. Smith M. D.

(Address) 1805 N. Monroe Ave.

M. D. B. 1268-0 F 09687

F 09687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Rosleyn Ave 15-8 Ward)

Length of residence in city or town where death occurred 8 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Meyer

(a) Residence: No. 2508 Rosleyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Oct 19-1854

8. AGE: Years 80 | Months 3 | Days 24 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Bookkeeper

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: George Meyer

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Mary Williams

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Heitz

(Address) 2508 Rosleyn

18. BURIAL, CREMATION, OR REMOVAL

Place: Emy Mount Date: Feb 15 1935

19. UNDERTAKER: The J. Frederick Sons Co

(Address)

FEB 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26 1935 to Feb 12 1935

I last saw him alive on Feb 12 1935 Death is said to have occurred on the date stated above, at 11:40P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	2/10/35
Hypertension	1904
Arteriosclerosis	?
Mitral Regurgitation & Cardiac Hypertrophy	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Physical Examination Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Bishop House M. D.

(Address) 1901 Eutaw Place

M. D. F. 1938-9 F 09688

F 09688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH South Baltimore General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. 24 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Leroy Wilson

(a) Residence: No. 1122 Wilkins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): May-3-1907

8. AGE: Years 28; Months 9; Days 10; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Taxi-driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 2 0 0 3

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Olney Wilson

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

15. MAIDEN NAME: Ladie M Watkins

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Ladie M. Wilson
(Address) 112 S. William St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Feb-15-1935

19. UNDERTAKER: Wm E Miller
(Address) 2425 E Biddle St

20. FILED, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1935 to Feb 13, 1935

I last saw him alive on Feb 12, 1935 Death is said to have occurred on the date stated above, at 1.05 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Melanotic sarcoma
c generalized metastasis

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Watts, M. D.

(Address) 1213 Light St

M. D. B 1269-B

F 09689

HEALTH DEPARTMENT—CITY OF BALTIMORE

09689

CERTIFICATE OF DEATH

✓ 46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 4 mos 11 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John G. Suess

(a) Residence: No. 134 S. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Cathreine

7. DATE OF BIRTH (month, day, year) Oct 3/1858

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Clerk prev

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Suess

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lilly & Zeiler

(Address) 403 S. Wolf St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 16 35

19. UNDERTAKER Lilly & Zeiler

(Address) 705 W Fayette

(Filed) FEB 15 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
Epithelioma of face	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. A. Wagner, M. D. Coroner

(Address) 606 E Fayette

M. D. F. 1268-9

09690 HEALTH DEPARTMENT—CITY OF BALTIMORE 09690

CERTIFICATE OF DEATH

✓131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4c Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Edith Young

(a) Residence: No. 723 W. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Earle Young

6. DATE OF BIRTH (month, day, year): Oct 1882

7. AGE: Years 49 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Homer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Michigan

13. NAME: Edward Windscheffel

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Jennie Edmonds

16. BIRTHPLACE (city or town) (State or country): Mich.

17. INFORMANT (Address): Edward Windscheffel 723 W. Balt St

18. BURIAL, CREMATION, OR REMOVAL: Place Rock Island Date Feb 15 35

19. UNDERTAKER (Address): Luman Birdsong 1300 Eutaw Pl

FEB 15 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 . 1934 to 2-14 . 1935

I last saw her alive on 2-14 . 1935. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Cardio vascular disease	12-1-34
Chronic Glomerulo Nephritis	12-13-34
Uremia	2-13-35

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. E. Burgtorf Jr. M. D.

(Address) University Hospital

H. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

09691

CERTIFICATE OF DEATH

59

Registered No. 09691

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Bouchet

(a) Residence: No. 879 Greenmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Bouchet

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Nora Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Moore

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Tony Bouchet

(Address) 879 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb. 16, 1935

UNDERTAKER Rita Redfield

(Address) 914 Greenmount Ave

FILED FEB 15 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1935, to Feb 14, 1935

I last saw her alive on Feb. 14, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2-12-35

Other contributory causes of importance:

Arteriosclerosis - Left foot
Mid-thigh Amputation
Chronic Myocarditis

Name of operation Mid-thigh Amputation Date of 2-8-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard N. Gallod, M. D.

(Address) Sinai Hospital

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

692

F 09692

CERTIFICATE OF DEATH

93-D

Registered No. 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Gaither Place. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME William F. Holzman.

(a) Residence: No. 1827 N. Dallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary fireman. code

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John F. Holzman.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Anna K. Eichel.

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Henry Holzman. (brother)

(Address) 1827 N. Dallas St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb'y 14, 1935

UNDERTAKER Henry Hoeck Sons Inc.

(Address) 501 Eager St.

FILED FEB 15 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles St. 2/15/35

9693

E 09693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Aisquith St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Schrufer

(a) Residence: No. 1821 Aisquith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: the late George Schrufer

7. DATE OF BIRTH (month, day, year): Feb. 22 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Adam Herbert

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Margaret Koch

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Anna Schrufer

(Address) 1821 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cemetery Date: Feb 16 1935

19. UNDERTAKER: Henry Hoeck & Sons, Inc

(Address) 301 E Eager St

FILED: FEB 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1934 to February 13 1935

I last saw her alive on Feb 12 1935. Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3½ Mos
Other contributory causes of importance: Hemiplegia	3½ Mos

Name of operation: Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Whyte M. D.

(Address) 1279 Linden Ave

F 09694

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09694

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4917 Denmore Ave St., 27th Ward)

Length of residence In city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Weber

(a) Residence: No. 4917 Denmore Ave St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Augusta C. Weber (nee Otto)

DATE OF BIRTH (month, day, year) June 29th 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Frank Weber

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Heiden

16. BIRTHPLACE (city or town)
(State or country) Germany

INFORMANT Rev. Wm. F. Nichols

(Address) 4917 Denmore Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 16, 1935

UNDERTAKER Harry T. Weitzke

(Address) 4101 Edmondson Ave

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1933 to Feb 13th 1935

I last saw him alive on Feb 6th 1935 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2-3-35

Other contributory causes of importance:

Chron Myocarditis,	1929

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. B. Evans, M. D.

(Address) 4936 Park Heights Ave

H. D. B. 1268-9

F 09695

F 09695 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. Calvert + 33rd Sts St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Daniel Lee Morrison

(a) Residence: No. 524 E. 30th St. Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	W

6. If married, widowed or divorced: HUSBAND of ~~Georgiana Gordon~~ (or) WIFE of

DATE OF BIRTH (month, day, year) June 11, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	54	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frank J Morrison

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Georgiana Gordon

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT daughter Mrs. J. E. Creey Jr.
(Address) 524 E. 30th St.

BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 2/18/35

UNDERTAKER Harry E. Mitch
(Address) 610 E. Monument St.

FILED 15 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.14 1935

22. I HEREBY CERTIFY, That I attended deceased from 1.28 1935, to 2.14 1935

I last saw him alive on 2.14 1935. Death is said to have occurred on the date stated above, at 10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
uremia	
Cardio-renal vascular disease	1931
Hypertension-generalized	
Arteriosclerosis	

Other contributory causes of importance:

Cardio-renal disease

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? X Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Allison M. D.
(Address) Union Memorial Hosp

D. P. 1268-9

96696 **HEALTH DEPARTMENT—CITY OF BALTIMORE** T 96696

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3009 Independence (Ward) 9

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Young.

(a) Residence: No. 3009 Independence St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George W Young.

DATE OF BIRTH (month, day, year) Dec 18 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

13. NAME Daniel Jones

14. BIRTHPLACE (city or town) (State or country) Phila Pa.

15. MAIDEN NAME Catherine Mooney.

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mary Tilsinger
(Address) 3009 Independence St

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 2/16 1935

UNDERTAKER Wm Ecker & Son
(Address) 1217 E Baltimore St

FILED FEB 15 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feby 10th 1935 to Feby 14th 1935.

I last saw her alive on Feby 13th 1935 Death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Jan 1932
Hypertension	

Other contributory causes of importance:

Cardiac Failure	Feb 35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Kirk, M. D.

(Address) 326 Harford Rd.

D. B. 1265-9

09697

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09697

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Eutaw St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mame L. Lemmon

(a) Residence: No. 120 N. Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Lemmon

DATE OF BIRTH (month, day, year) Dec 28 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soft Drinks

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Geo. Geo. Wentz

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Laura Bailey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs. Geo. Geo. Wentz

(Address) 120 N. Eutaw St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 15 1935

UNDERTAKER Wilson Conklin

(Address) 1411 Eutaw St.

FILED FEB 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1935 to Feb 12 1935

I last saw h alive on Feb 12 1935 Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 28 1933
Arterial Sclerosis	[illegible]

Other contributory causes of importance:

Arterial Sclerosis

Name of operation Clinical Examination Date of operation

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Settle M. D.

(Address) 2435 Maryland Ave.

F 09698

D. P. [illegible] F 09698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Adams.

(a) Residence: No. 701 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah.

DATE OF BIRTH (month, day, year) 7/5/77

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Yeast 00 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Howard.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Olivia Cogswell

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records B C.H.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn. Date Feb 16 19 35

UNDERTAKER Ehrg O Wilson

(Address) 1100 Pleasant Ave

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/21 1934 to 2/14 1935

I last saw him alive on 2/14 1935 Death is said to have occurred on the date stated above, at 10 20/2 m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency — Date of onset 5 mo
Congestive failure — 5 mo?
Hypertension

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert J. Wells M. D.

(Address) Balto. City Hosp

F 09699

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09699

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME York Mervin

(a) Residence: No. 805 Harlem ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellen Mervin

7. DATE OF BIRTH (month, day, year) March 26, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME York Mervin

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rudgeland Cemetery Date Feb 16 1935

19. UNDERTAKER Adolphus Halstead

(Address) 1825 Druid Hill Ave.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 11 1935

22. I HEREBY CERTIFY, That I attended deceased from December 28 1934 to February 11 1935

I last saw h im alive on February 11 1935 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Meyer M. Jacobson M. D.

(Address) Baltimore City Hospitals

F 03700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. 5

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Francis Lewis

(a) Residence: No. 632 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Grace

DATE OF BIRTH (month, day, year): Aug 17/1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	25 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: World War Veteran

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Lloyd Lewis

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Matilda ???

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Herbert Lewis (bro)

(Address): 632 N. Caroline St

BURIAL, CREMATION, OR REMOVAL

Place: National. Date: 16 Feb, 1935

UNDERTAKER: Lottie Gross

(Address): 1408 Ashland Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at before 9 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Bayonet wound inchest in France	1918

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Reese, Coroner, M. D.

(Address) 1082 Linden Ave

F 09701

F 09701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Carolina St., 5 Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie Lewis

(a) Residence: No. 632 N. Carolina St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

DATE OF BIRTH (month, day, year) ? 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	=			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME Loyd Lewis

14. BIRTHPLACE (city or town) Va (State or country)

15. MAIDEN NAME Matilda ?

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mary L. Palmer
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 18 Feb 1935

19. UNDERTAKER Lottie Gross
(Address) 1408 Ashland Ave

FILED FEB 13 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-13-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1935, to 2-13-1935

I last saw h. alive on 2-11-1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1-15-35
Other contributory causes of importance: Valvulitis	

Name of operation ... Date of —

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) M. Hanzin, M. D.

(Address) 611-N. Carolina

H. D. P. 1268-9 F 09702

F 09702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Henry C. Meiner

(a) Residence: No. 1126 E Ellwood. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lizzie

DATE OF BIRTH (month, day, year) 5/12/1853.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME George Meiners

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Johanna Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records. B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Prot. 6th Ref. Ch. Cem. Date Feb. 15, 1935

19. UNDERTAKER Geary Sander & Sons Inc Geo T. Sander.
(Address) Baltimore St. & Broadway

20. FILED FEB 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1934 to 2/12, 1935

I last saw him alive on 2/12, 1935. Death is said to have occurred on the date stated above, at 11.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration—between onset and death
Bronchopneumonia	4 days.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto. City Hosp.

H. D. B 1268-9

E 09703

09703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1039 W. Lexington St. St., 18 Ward)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebbee Fields

(a) Residence: No. 1039 W. Lexington St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
About 48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place U of M Med School Date Feb 13 , 1935

UNDERTAKER
(Address)

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-5-35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on Inquiry , 19 ... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	?

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Joseph L. Holtzoff M.D. Coroner

(Address) 16 South Broadway

H. D. B 1268-9

09704

F 09704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134-J-82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Murrel

(a) Residence: No. 815½ E Pratt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

DATE OF BIRTH (month, day, year) 2

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place U of Md Med School Date Feb 15 19 35

UNDERTAKER

(Address)

FILED ... 19 35 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. P. Sterzog M. D. Coroner

(Address) 1306 N Patterson Park

H. D. B. 1268-9 F 09705

F 09705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 N. Luzerne St., 8 Ward)

Length of residence in city or town where death occurred 36 yrs. . mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Jane Coster

(a) Residence: No. 1404 N Luzerne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Thomas Coster

DATE OF BIRTH (month, day, year) Nov. 3, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 5, 1934

11. Total time (years) spent in this occupation 53 yrs.

12. BIRTHPLACE (city or town) (State or country) St. Marys County, Md.

13. NAME Felix Medley

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

15. MAIDEN NAME Sarah Gatton

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

INFORMANT Daughter 1404 N

(Address) Gertrude Clark Lawson

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross M. P. Date 2/18/35, 19

UNDERTAKER Rose J. Rath Inc.

(Address) 1735 Madison Ave

FILED 2/18/35, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1935 to Feb. 14, 1935

I last saw her alive on Feb. 13, 1935 Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	Feb 1934
Other contributory causes of importance: Gastric Hemorrhage	Feb. 13 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) J. Karl Lawson, M. D.

(Address) 2203 E. Preston

H. D. B. 1268-9

09706 ✓ F 09706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✗ 93-C

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Hamilton Fairbanks

(a) Residence: No. Maryland Ave. Westminster, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Marcus Fairbanks

DATE OF BIRTH (month, day, year) Oct 20, 1850

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
84	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Dec 1927

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) St Nicholas Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Mary Lewis

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Feb 18, 1935

18. UNDERTAKER Robert S. Little

(Address) 2700 Edmondson Ave

Huntingdon 7000 Baltimore Md

FILED 5 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1935 to Feb 14, 1935

I last saw him alive on Feb 14, 1935 Death is said to have occurred on the date stated above, at 10.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	1 2/3

Other contributory causes of importance: ?

Chronic myocarditis

Senile failure

Name of operation Suprapubic prostatectomy Date of 2-12-35

What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emil P. Carnaba M. D.

(Address) Maryland General Hosp

F 09707 ✓ F 09707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Lake Ave St., 9 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Knieling

(a) Residence: No. 2118 Lake Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) November 10 [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hessen Wolfhagen
(State or country) Germany

13. NAME Conrad Wiegand

14. BIRTHPLACE (city or town) Hessen Wolfhagen
(State or country) Germany

15. MAIDEN NAME Christina Wiegand

16. BIRTHPLACE (city or town) Hessen Wolfhagen
(State or country) Germany

17. INFORMANT Frederick J. Knieling

(Address) 1611 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Feb 16 1935

19. UNDERTAKER Joseph Lefler

(Address) 1600 N. North ave

20. FILED FEB 15 1935 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to Feb. 14, 1935

I last saw her alive on Feb. 14, 1935. Death is said to have occurred on the date stated above, at 11-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Feb 6th/35
Other contributory causes of importance: Arteriosclerosis	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edgar P. Sandrock M. D.

(Address) Medical arts Building

C. D. P. 1268-9

09708

✓ F 09708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 50

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 204 Paddington Road. St. 27 Ward)

Length of residence in city or town where death occurred ...yrs. 3 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME MILDRED POLLOCK BAKER.

(a) Residence: No. 204 Paddington Road. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of David White Baker

7. DATE OF BIRTH (month, day, year) August 14th. 1887

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	47	6	———	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Worth Texas

13. NAME Joseph R. Pollock

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME Phoebe Bowers

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT David White Baker,
(Address) 204 Paddington Road,

18. BURIAL, CREMATION, OR REMOVAL
Place Fort Worth Texas Date Feb. 16th. 35

19. UNDERTAKER Chas R. Grace & Son
(Address) 118 W. Mt. Royal Ave

20. FILED ..., 19... ...
Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany. 1, 1935 to February 14, 1935.
I last saw her alive on February 14. 1935 Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Carcinoma of Lungs and vertebra	1934
Other contributory causes of importance: Carcinoma of right breast	1934

Name of operation Breast removed Date of 1934

What test confirmed diagnosis? X-ray & microscopic examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maurice L. Shannon M. D.
(Address) 3300 W North Ave

✓ F 09709

H. D. B. 1268-0

09709 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Boone

(a) Residence: No. 215 N. Bond st. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Gene Scrolls

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Lawrence Boone

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. School Date Feb 15 , 1935

UNDERTAKER .....
(Address)

FILED ..... , 19 ..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 12 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1[illegible] , 1935 to Feb. 1[illegible] , 1935

I last saw h[illegible]er alive on Feb. 12 , 1935 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct. 1934.

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W Jacobson , M. D.
(Address) Baltimore City Hospitals

M. D. F 1268-0

F 09710

F 09710 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34-7-107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 7 E Ward)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Kate ~~Hunter~~ Winterbottom

(a) Residence: No. Annesdie, Balto Co. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 10, 1855 ~~Sept 9, 1855~~

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79 yrs.	5 mo.	1 dy	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Johns

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sarah Ann Smyth

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westel School Date Feb 15 19 35

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar.

1935 1123

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/11 19 35

22. I HEREBY CERTIFY, That I attended deceased from 6/9 19 34 to 2/11 19 35

I last saw her alive on 2/11 19 35 Death is said to have occurred on the date stated above, at 6 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk
Other contributory causes of importance:	over

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert G. Reite M. D.

(Address) Balto. City Hosp.

M. D. F. 1268-9

F 09711

F 09711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Calhoun St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 20 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby boy Williams

(a) Residence: No. 1322 Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

DATE OF BIRTH (month, day, year) 2-15-35

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year) Infant

11. Total time (years) spent in this occupation, Infant

12. BIRTHPLACE (city or town) (State or country) 1322 Calhoun St

13. NAME Wardy Williams.

14. BIRTHPLACE (city or town) (State or country) ~~Balto~~ Norfolk Va.

15. MAIDEN NAME Elsie Edwards

16. BIRTHPLACE (city or town) (State or country) B' Rocky Mount N.C.

17. INFORMANT Elsie Williams
(Address) 1322 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place W. H. Med School Date Febr 16 1935

19. UNDERTAKER
(Address)

20. FILED 5 1935 Huntington Nicholas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-35

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1935 to 2-15 1935

I last saw him alive on 2-15 1935 Death is said to have occurred on the date stated above, at 12.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Alexander Bovey M. D.

(Address) 1516 Madison Ave

M. D. R. 1269-a

F 09712

09712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Jenkins St. St., 11 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Gordon Montague

(a) Residence: No. 1205 Jenkins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Female	Black	Yes

6. If married, ~~widowed or divorced~~ (or) WIFE of Louis Montague

DATE OF BIRTH (month, day, year) 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	XX	XX	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

13. NAME George Hopkewell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha Driscoe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edward Montague

(Address) 1205 Jenkins St.

18. BURIAL, CREMATION, OR REMOVAL Date 2/16, 1935

19. UNDERTAKER Edward F. Kenealey

(Address) 818 Druid Hill Ave.

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to Feb 13, 1935

I last saw her alive on Feb 12, 1935 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Mitrale Regurgitation, with Cardiac ~~Arrest~~ Failure, Induced by Fright from a severe Fire.

Date of onset

(Other contributory causes of importance:) Arthritis - Indigestion

Name of operation None Date of

What test confirmed diagnosis? Yes Was there an autopsy?

23. If death was due to external ~~(violence)~~ Accident, suicide or homicide) fill in the following: Fire Date of injury Feb 12, 1935

Where did injury occur? Row House
(Specify city or town, county, and State)

(Specify whether injury occurred in industry, in home, or in public place)

Manner of injury Fright from a big Fire

Nature of injury Fright

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. H. Montague, M. D.

(Address) 1205 Jenkins Ave.

M. D. P. 1268-9

✓ F 09713

09713 HEALTH DEPARTMENT—CITY OF BALTIMORE

34-F-82-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecilia Pratt Hurlein

(a) Residence: No. 1642 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hurlein

DATE OF BIRTH (month, day, year) 4/2/1874.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. ovd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME John Bankard. Balto.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Bch.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date 2/16/ 1935

UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

FILED 2/19/1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/21 . 1934 to 2/13 . 1935

I last saw her alive on 2/13 . 1935 Death is said to have occurred on the date stated above, at 1 20 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis — Decubitus ulcer — Date of onset 9 mo. 3 wks.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

D. H. 1268-9

09714 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. 09714

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) Hospital, Institution, St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Robert Bennett Price
(a) Residence: No. 2514 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (Write the word): Widow
If married, widowed, or divorced (or) WIFE of: Robert Bennett Price
6. DATE OF BIRTH (month, day, year): Apr. 27th 1873
7. AGE: Years 61; Months 9; Days 17; If LESS than 1 day, ... hrs. or ... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): City
13. NAME: George Coleman
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Louise Smith
16. BIRTHPLACE (city or town) (State or country): Md.
INFORMANT: Thos. C. Price
(Address): 618 Hutchings Road
BURIAL, CREMATION, OR REMOVAL
Place: London Park Cem. Date: 7/16/ 1936
UNDERTAKER: E. J. Lemmon & Sons
(Address): 1938 E. Lafayette Ave.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-14 ... 1936
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Vagina	
Other contributory causes of importance:	

Name of operation: Tracheotomy Date: 7/15/36
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(Signed) ... M. D.
(Address) 2612 Orleans

M. D. B 1268-9

09715

✓ F 09715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 759 W. Fayette St., ... Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Gardner

(a) Residence: No. 759 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 8 - 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Julia Stone

(Address) 4533 Pimlico Rd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park & C. Date Feb 16, 1935

UNDERTAKER C. J. Feemon

(Address) 611 Cooks Buildings.

Filed ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edgar Geller, M. D.

Coroner.

Address 539 Eastern Ave

H. D. B 1268-9

E 09716

HEALTH DEPARTMENT—CITY OF BALTIMORE

09716

93a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 E. Baltimore St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Knox

(a) Residence: No. 105 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of ...
(or) WIFE of ...

DATE OF BIRTH (month, day, year) Dec 10th 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	1 2	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Parking Cars

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carlin Park

10. Date deceased last worked this occupation (month and year) Feb 13th 35

11. Total time (years) spent in this occupation 6 mo

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Albert W. Knox

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary A. Griffin

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Ellis Knox

(Address) 638 E. 29th St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 16th 19 35

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Feb 13-35

Other contributory causes of importance:

Unknown

Name of operation None Date of ...

What test confirmed diagnosis? 4 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine Jr M. D.
Coroner

(Address) 16 So Bond

D. B. 1268-9

F 09717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09717

X 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12 Ward)

Length of residence in city or town where death occurred [redacted] yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Susan Shrive

(a) Residence: No. Mc Donogh Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 25, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Nurse 0048

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. P. Infirmary

10. Date deceased last worked at this occupation (month and year) Jan - 1934

11. Total time (years) spent in this occupation 38

BIRTHPLACE (city or town) (State or country) New York

12. NAME Frances Shrive

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Sarah Goddard

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs. J. D. Norris

(Address) 128 N. Fairvale Ave

[redacted] CREMATION, [redacted]

Place Loudon Park Cem. Date Feby 16. 1935

UNDERTAKER John C. Mitchell & Sons

(Address) 1600 Eutaw Place

FILED 19 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-10 - . 1934 . to 2-14 . 1935

I last saw h[illegible] alive on Feb 2 . 1935 Death is said to have occurred on the date stated above, at 9.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	Aug - 33
(Probable) metastases to other parts of body	—

Other contributory causes of importance:

Name of operation Dilatation & curet → 12-23-33 Date of Doctorpsie Exam 3-6-34

What test confirmed diagnosis? Path Report From Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Benson M. D.

(Address) Union Memorial Hospital

H. D. B. 1268-9

✓ F 09718

09718 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4514 Woodlawn Road St., 27 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Stuart McKenzie

(a) Residence: No. 4514 Woodlawn Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John McKenzie

DATE OF BIRTH (month, day, year) July 14, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Robert Kinnear

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Stuart

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT James B. McKenzie

(Address) 4514 Woodlawn Road

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem'ty Date Feb. 16, 1935

UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED 19 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 14. 1935

22. I HEREBY CERTIFY, That I attended deceased from 25 years 19..., to 2/14 1935

I last saw h[illegible] alive on Feby. 14 1935 Death is said to have occurred on the date stated above, at 7:26 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Broncheitis	

Other contributory causes of importance:

Myocardial Degeneration

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in ~~any way related~~ to occupation of deceased?

No If so, specify

(Signed) Henry F. Cassidy M. D.

(Address) 1 Upland Road

Rec 5068

H. D. F. 1268-9

F 09719

09719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4734 Park Hts. Ave. St., 27 Ward)

Length of residence in city or town where death occurred 14 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Irene Haesloop

(a) Residence: No. 4734 Park Hts Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Oct. 17, 1920

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: Wm C. Haesloop

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME OF MOTHER: Irene E. Walger

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs Irene E. Haesloop

(Address) 4734 Park Hts Ave

18. BURIAL, CREMATION, OR REMOVAL: Dundalk

Place ... Date Feb 16 1935

19. UNDERTAKER: Wm. McKeever Bond

(Address) North & Paca sts.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1933 to Feb 13, 1935

I last saw her alive on Feb 13 1935 Death is said to have occurred on the date stated above, at 6.30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis & mitral insufficiency	5/1933
Other contributory causes of importance: Edema Lungs	2/6/35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Wm. D. Bubert M. D.

(Address) 4803 Park Heights Ave

H. D. F. 1268-0

09720 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09720

93-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Bradley Inge (Katie Bradley Inge)

(a) Residence: No. 1749 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Luther E. Inge

DATE OF BIRTH (month, day, year) Feb 29, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME OF FATHER Samuel C. Bradley

13. BIRTHPLACE (city or town) (State or country) Kent County Md.

15. MAIDEN NAME OF MOTHER Mary A Mistinmon

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Feb 19, 1935

UNDERTAKER Wm. J. Frickey & Son
(Address) North & Pa.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1935 to Feb 15, 1935

I last saw her alive on Feb. 14, 1935 Death is said to have occurred on the date stated above, at 3.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Generalized	14 Mos
Myocardial insufficiency	14 Mos

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis Clinical Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Fos. F. Sedlacek M. D.

(Address) Church Home & Infirmary

B. D. F. 1268-9

09721

E 09721

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3507 N. Charles St., 12 Ward)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Newton Boulden

(a) Residence: No. 3507 N. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Virginia Boulden

7. DATE OF BIRTH (month, day, year) June 2, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 40 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Wm. Boulden

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Martha Cathell

16. BIRTHPLACE (city or town) (State or country) Sterling Md.

17. INFORMANT Mrs Emma V. Boulden

(Address) 3507 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date Feb. 16 1935

19. UNDERTAKER Wm. H. Power Sons

(Address) North & Pleasant

FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1935, to Feb. 14, 1935. I last saw him alive on Feb. 13, 1935. Death is said to have occurred on the date stated above, at 2.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2/10/35

Other contributory causes of importance Occasional Feb 3rd

History of influenza preceding the pneumonia

Name of operation None Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Austin F. Robinson M. D.

(Address) Medical Arts Bldg.

H. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 21 Ward)

Length of residence in city or town where death occurred 37 yrs. 3 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn McGee

(a) Residence: No. 610 Scott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James G McGee

DATE OF BIRTH (month, day, year) Oct 15 - 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.

10. Date deceased last worked at this occupation (month and year) Self

11. Total time (years) spent in this occupation Self

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John H Gerbig

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Cora Weaver

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Cora Gerbig

(Address) 610 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 18 1935

19. UNDERTAKER Towell & Byrne

(Address) 2524 Edmondson Ave.

20. FILED 19 Registrar

FEB 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11/35, 19 to 2/14/35, 19

I last saw h. alive on 2/14/35, 19 Death is said to have occurred on the date stated above, at 3:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia type II	
Rt sided	
septicemia, pneumococcic	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

F 09723

186

09723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward) 1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent - Hay

(a) Residence: No. Clubsouth Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 13, 35

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

13. Kennard - Fanny Hay

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Pauline Rose

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Highland Date 2-19 35

19. UNDERTAKER F. S. Hyde Woodlawn

(Address) Dundalk City Md

20. FILED 2-19-35 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1935 to Feb 14, 1935

I last saw her alive on Feb 14, 1935 Death is said to have occurred on the date stated above, at 12 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker M. D.

(Address) Johns Hopkins Hospital

D. B 1268-9

B 9721

9721

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2009 Kelly Ave St., 27-15 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Ingram

(a) Residence: No. 2009 Kelly Ave St., ... Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race C

5. Single, Married, Widowed, or Divorced (write the word) Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6 8 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62.	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Kane Brown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Fannie Brown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Elizabeth Eppes
(Address) 2009 Kelly Ave

BURIAL, CREMATION, OR REMOVAL
Blackstone Va Date 2/17/ 1935

UNDERTAKER Raynes Sanders
(Address) 1431 E Preston St

FILED 2/18 1935 Registrar: Best

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute Bronchitis

	Date of onset

Other contributory causes of importance:

1-2 Weeks Duration of Pneumonia caused by Influenza 2/4/35

Complications following pneumonia

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify .....

(Signed) John H. Morrissey M. D.
Coroner

(Address) 1632 Roland Ave

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 09725

HEALTH DEPARTMENT—CITY OF BALTIMORE

09725

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2119 Mt Holly (St.) (15) (Ward)

2-FULL NAME John Bernard Lotz

(a) RESIDENCE (Usual place of abode) No. 2119 Mt Holly St., Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred 86 yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~wife of~~: Alvina F. Lotz

6 DATE OF BIRTH (month, day, and year): Dec. 28. 1848

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	16 14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Solicitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Carroll Independent Coal

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: George Frederick Lotz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Katherine ——

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: John B Lotz. Jr (Address)

15 Filed 6 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb. 14 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1935, to Feb. 14, 1935, that I last saw him alive on Feb 14, 1935, and that death occurred, on the date stated above, at 1.45 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency & Arteriosclerosis (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Tel.

(Signed) Charles L Warner, M. D.

19 (Address) 3317 Equitable Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: 2-16-35

20 UNDERTAKER: J. B. Lotz & Son — ADDRESS: 300 Eutaw Place

H. D. B. 1268-A

✓ F 09726

HEALTH DEPARTMENT—CITY OF BALTIMORE

09726

CERTIFICATE OF DEATH

34 D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 Division St., 14th Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel R. Scholfield Sr.

(a) Residence: No. 1828 Division Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Goldie Scholfield.

7. DATE OF BIRTH (month, day, year) 2-17-1892

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. oil burners.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME ✓ Unknown

14. BIRTHPLACE (city or town) (State or country) ✓ Unknown

15. MAIDEN NAME ✓ Unknown

16. BIRTHPLACE (city or town) (State or country) ✓ Unknown

INFORMANT Goldie Scholfield

(Address) 1828 Division St

BURIAL, CREMATION, OR REMOVAL

Place St. Lukes Cemetery Date 2/17/35

UNDERTAKER Mrs. George E. Collard

(Address) 163 Druid Hill Ave

FILED 6 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Feby 14, 1935

I last saw him alive on Feby 5, 1935 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	not
myocarditis.	1934

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Harry Doyle Carty, M. D.

(Address) 37 W Chase St

spec.—1-30—M. & T.—250 Bks

F 09727 ✓ F 09727

HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Druid Hill Ave 11 WARD)

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Annie M. McKenny

(a) RESIDENCE NO. 1231 Druid Hill Ave WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced, HUSBAND of or) WIFE of: Luther McKenney

DATE OF BIRTH (month, day, and year): Oct - 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	4		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): ——— 0037

(c) Name of employer: ———

BIRTHPLACE (city or town) (State or country): Balto Md

10 NAME OF FATHER: Harry R Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER: Kahnweiler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Henrietta Matthews

(Address)

Filed ..... 1935 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb-14-1935

17 I HEREBY CERTIFY, That I attended deceased from Feb 4 .1935. to Feb 14 .1935.

that I last saw her alive on Feb 13 .1935.

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) ..... yrs. ..... mos ..... da.

CONTRIBUTORY (Secondary) ———

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of ———

Was there an autopsy? No

What test confirmed diagnosis? regular

(Signed) W. F. Howell M. D.

19 (Address) 601 W Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Thomas Cemetery

DATE OF BURIAL: Feb 16 1935

20 UNDERTAKER: Wyse Geo H. Holland

ADDRESS: 1631 E. H

M. D. B. 1268-9

F 09728 ✓ F 09725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Shorter
(a) Residence: No. 707 N Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Georgiana Shorter

7. DATE OF BIRTH (month, day, year) July 2 - 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Geo. Shorter

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Georgiana Shorter
(Address) 707 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/19 35 19

19. UNDERTAKER Wm. Geo. E. Holland
(Address) 1021 Pennsylvania Ave

20. FILED 2-19-1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 19 35

22. I HEREBY CERTIFY, That I attended deceased from Dec - 9 19 35 to Feb 15 19 35

I last saw h alive on Feb 15 19 35 Death is said to have occurred on the date stated above, at 4.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Pneumonia	2-4-35
Intestinal Obstruction	

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of operation 2-14-35

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Harris M. D.
(Address) 1207 N Caroline St.

H. D. P. 1268-9

09729

F 09729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

155 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Edmondson St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Battle

(a) Residence: No. 1723 Edmondson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha

DATE OF BIRTH (month, day, year) May 12 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amstead Bldg

10. Date deceased last worked at this occupation (month and year) 2/5/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Richard Battle

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Elizabeth Barlow

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Bertha Battle

(Address) 1723 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 2/17/35 19

UNDERTAKER Mrs Lang & Collet

(Address) 103 Druid Hill Ave

Huntington Avenue Funeral Home Reg. Embr.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1935 to Feb. 14 1935

I last saw him alive on Feb. 14 1935 Death is said to have occurred on the date stated above, at 4:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis, Face	2-1
Peri-mandibular abscess	1-26
Meningitis,	2-12
Cavernous Sinus thrombosis	2-13
Other contributory causes of importance:	
Terminal Bronchopneumonia	2-14

Name of operation Incision & Drainage Date of 2-9-35

What test confirmed diagnosis Spinal Puncture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) D. D. Tapley M. D.

(Address) Univ. Hosp. City

M. D. P. 1268-9

F 09730

09730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Bruckert

(a) Residence: No. Camp Holabird St., Ward. Lewistown Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cloth Mfg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewistown, Pa.
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. Md. School Date Feb 16 1935

19. UNDERTAKER Commissioner Health
(Address)

20. FILED [illegible] Registrar.

FEB 16 1935 1128 MFN

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb. 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8th 1935 to Feb. 10th 1935

I last saw him alive on Feb. 10th 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumococcus Pneumonitis	2/7/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Daniel E Boyard M. D.

(Address) Lydenham Hospital

M. D. B. 1268-9

F 09731

HEALTH DEPARTMENT—CITY OF BALTIMORE

09731 CERTIFICATE OF DEATH V/31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Lafrobe St., 17 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Emma Washington

(a) Residence: No. 1618 Lafrobe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Washington

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Nurse Emma (Address) 1618 Lafrobe St

18. BURIAL, CREMATION, OR REMOVAL Date Feb. 18, 1935

Place Mt Calvary Cem

19. UNDERTAKER Robert Wickens & Sons (Address) 1515 Mt. Street

Filed ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1935 to 2-15, 1935.

I last saw her alive on 2-14, 1935. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	2-1-35

Other contributory causes of importance:

Bronchitis Pneumonia

Name of operation None Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Geo J Allen M. D.

(Address) 50 Druid Park Drive

D. B. 1268-9

F 09732

09732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MO. St., 9 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Lawrence

(a) Residence: No. 119 Dundalk Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced: HUSBAND of / WIFE of Minnie Lawrence

DATE OF BIRTH (month, day, year) June 26 1878

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervising Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse in T & C Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) Isle of Wight Co.
(State or country) Virginia

13. NAME OF FATHER John E. Lawrence

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER ...

16. BIRTHPLACE (city or town) (State or country) ...

INFORMANT Minnie Lawrence
(Address) 119 Dundalk Ave

BURIAL, CREMATION, OR REMOVAL
Loudon Park Date 2/19, 19 35

UNDERTAKER Leonard Boyle
(Address) 520 Hartford Rd

FILED 2/19/35 Registrar.

6 T 935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19 35

22. I HEREBY CERTIFY, That I attended deceased from February 6, 19 35 to February 15, 19 35

I last saw her alive on February 15, 19 35. Death is said to have occurred on the date stated above, at 6 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertrophy of prostate (benign)	
2. Uremia	
Other contributory causes of importance:	

Name of operation prostatectomy Date of 2-11-35

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

H. D. B. 1268-9

F 09733

9733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6402 Old Harford Rd. St. 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E Norton

(a) Residence: No. 6402 Old Harford Rd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 21, 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseshoer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Richard C. Norton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Wade

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Lavina Norton

(Address) 6402 Old Harford Rd.

BURIAL, CREMATION, OR REMOVAL

PLACE Cathedral Cemetery Date 2/18/35 19

UNDERTAKER Raymond V. Cook

(Address) 5305 Harford Rd.

FILED ... 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935 to Feb 14, 1935

I last saw him alive on Feb 14, 1935. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry E. Long, M. D.

(Address) 5309 Harford Rd.

H. D. P. 1268-6 F 09734 — F 09734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore (Street) Hosp (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 19 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Isabelle N Keller

(a) Residence: No. Woodlawn Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 27 1914

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	5	19 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna

13. NAME Clarence Keller

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Nellie Plank

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Clarence Keller

(Address) Woodlawn Md

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 2/16 1935

UNDERTAKER Weaver Bros

(Address) Sykesville Md

FILED ..... 19..... Registrar

171935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1935 to ..... 19.....

I last saw ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile accident

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/15 1935

Where did injury occur? Liberty Hts Ave & Rogers Ave
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Struck by auto while walking along side

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Joseph Cheney Coroner M. D.

(Address) 22 E Madison St

D. B. 12699 F 09735

F 09735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital, 15 St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Esther Kanter

(a) Residence: No. 3202 Greenley Rd St., Forest Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert

7. DATE OF BIRTH (month, day, year) 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Moses Schapiro

14. BIRTHPLACE (city or town) (State or country) Palestine

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date 2/17/35 19

UNDERTAKER Emil Lewin Inc.

(Address) 1439 E. Balto St.

FILED FEB 17 1935 19 ... Registrar. 0107

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-35 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 — 1935 to Feb 15 — 1935

I last saw her alive on Feb 15 1935 Death is said to have occurred on the date stated above, at 11.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Leukemia	

Other contributory causes of importance:

Name of operation ... Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur C. Zabriskie M. D.

(Address) Sinai Hospital

M. D. B 12-39 F 09736

F 09736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 15 yrs. mos. ds.

2. FULL NAME Rachael Gronberg

(a) Residence: No. 2619 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Solomon

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wool Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yarn 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Kopel Haam

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Chayfeel

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Ha Balti Hebrew Date 2/17/35 19

19. UNDERTAKER Sinai Funeral Home
(Address) 1434 E. Baltimore

FILED 2/17/35 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt. Hemiplegia (Apoplexy)	Feb 9/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) 606 E. Lexington St.

F 09737

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09737

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Pollard

(a) Residence: No. 1726 Brunt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Pollard

DATE OF BIRTH (month, day, year) 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 0-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloster Co. Va.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry Pollard

(Address) 1726 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Feb 17th, 1935

19. UNDERTAKER Archibald C. Gaddis

(Address) 2101 McCulloh St.

FILED 7 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-5-, 1935 to 2-14-, 1935

I last saw her alive on 2-14-, 1935 Death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Massive Pericardial Effusion	
Bilateral Pleural Effusion	2-0-35

Other contributory causes of importance:

Unk

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. McDonald, M. D.

(Address) Provident Hosp.

AACo. 5-31 2500 F 09738

F 09738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Lyndhurst Ave. St. 15 Ward)

Length of residence in city or town where death occurred 65 yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Stanley J. Kernan

(a) Residence: No. 2127 Lyndhurst Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Belle Kernan

DATE OF BIRTH (month, day, year) Apr. 7, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0045
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ Balto Md

13. NAME Thomas Kernan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Stanley J. Kernan
(Address) 2127 Lyndhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 18, 1935

19. UNDERTAKER A. S. Marshall
(Address) 5539 Falls Road

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1935, to Feb 14, 1935
I last saw him alive on Feb 13, 1935 death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6 mo
Other contributory causes of importance: Arteriosclerosis	5 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Howard Kelly, M. D.
(Address) 1020 N. Charles

F 09739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09739

186-a

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 5 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Max Hirsch.

(a) Residence: No. 4354 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, HUSBAND of (WIFE of) Carrie Hirsch.

DATE OF BIRTH (month, day, year) August 31, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman. 6061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) On ship in American Waters.

13. NAME Joseph Hirsch.

14. BIRTHPLACE (city or town) (State or country) Russia.

15. MAIDEN NAME Lena Goldman.

16. BIRTHPLACE (city or town) (State or country) Russia.

INFORMANT Lena Hirsc.(mother)

(Address) New Brunswick, N.J.

BURIAL, CREMATION, OR REMOVAL Date Feb 17 1935

New Herring Run

UNDERTAKER Jos. Levinson & Bro

(Address) 1127 E. Balto st.

FILED Feb 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, 4.55 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of the skull.
Accidental fall through a ceiling onto a concrete floor.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/11/35 19...

Where did injury occur? 614 Light st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell through ceiling.

Nature of injury Fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Ethel Reinhardt, M. D. Coroner

2/15/35 (Address) 1017 E. Charles st.

D. B 1208-9 F 09740 F 09740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 202 E. 34 St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irma A. Conklin

(a) Residence: No. 202 E. 34 St., 12 Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 4, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0065

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Isaac Conklin

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Augusta Pengel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Isaac Conklin
(Address) 2836 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Mem. Date Feb. 18, 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Gas Poison (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Leon Warner, M. D. Coroner
(Address) 3652 Roland Ave

F 09741 F 09741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Fairview Ave, St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Norman Dinkelman,

(a) Residence: No. 3413 Fairview Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Dinkelman,

DATE OF BIRTH (month, day, year) January 17, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	--	30 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

13. NAME James E. Norman,

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Vashti Gorsuch,

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Charles H Dinkelman

(Address) 3413 Fairview Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date FEB 19 1935 19

UNDERTAKER Robert S Steele

(Address) 2700 Edmondson Ave.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 16 1935

22. I HEREBY CERTIFY, That I attended deceased from 1925 to Feb 16 1935.

I last saw h[illegible] alive on Feb 9 1935. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Angina Pectoris	2/16/35

Name of operation Clinical Diagnosis Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Steele M. D.

(Address) 2435 Maryland Ave.

FEB 17 1935

AACo. 5-1-[illegible] F 09742 E 09742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Presstman St. 15 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christine Harris

(a) Residence: No. 1512 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. C. Harris

DATE OF BIRTH (month, day, year) Nov 14-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	3	4	0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) King William Co Va.

13. NAME William Whiting

14. BIRTHPLACE (city or town) (State or country) King William Co Va

15. MAIDEN NAME Rebecca Harris

16. BIRTHPLACE (city or town) (State or country) King William Co Va.

INFORMANT Mary P. Campbell

(Address) 1512 Presstman St

BURIAL, CREMATION, OR REMOVAL

Place Chapta Manor King William Co Va Date 2/18 1935

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

FILED FEB 17 1935, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1931, to Feb 14, 1935

I last saw h[illegible] alive on Feb 13 1935 death is said to have occurred on the date stated above, at 7.45 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Cerebral Hemorrhage) 1st attack	7/21/34
Other contributory causes of importance age - Chronic Nephritis	2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno. N. Wright, M. D.

(Address) 1209 Presstman St

D. B. 1268

F 09743 Heinrich ✓ F 09743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 W La Fayette St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Heinrich

(a) Residence: No. 2005 W La Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Heinrich

6. DATE OF BIRTH (month, day, year) Feb. 25. 1885

7. AGE: Years 49 | Months 11 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Edna Ziegler

(Address) 833 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 7/18, 1935

19. UNDERTAKER Wilhelm & Son

(Address) 1219 St Paul St

FILED JUL 17 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... Last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner. M. D.

(Address) .....

M. D. B. 1268-2

F 09744

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09744

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Caroline Bennett

(a) Residence: No. 2122 Cliftwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If married, widowed, or divorced: ~~HUSBAND~~ of (or) WIFE of John Bennett

DATE OF BIRTH (month, day, year) Mar. 26 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 (68)	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Feb 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto - Md

13. NAME Gottlieb Frank

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Arnedt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John A. Bennett

(Address) 533 Beaumont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 25th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED FEB 27 1935, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1935, to Feb 16, 1935.

I last saw her alive on Feb 16, 1935 Death is said to have occurred on the date stated above, at 2 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal Abscess	
Thrombus right femoral Vein	
Pulmonary Embolus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospt.

H. D. P. 1203-9 F 09745 ✓ F 09745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattea Battalico

(a) Residence: No. 108 S. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Separated.

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine

7. DATE OF BIRTH (month, day, year) 3/18/83.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Sebastian

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Antonette Mozzatta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 2/17/ , 1935

19. UNDERTAKER J. J. Fahey Son
(Address) 1318 Light St

20. FILED Henrietta [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/8 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/2, 1935 to 2/8, 1935

I last saw h alive on 2/8 1935 Death is said to have occurred on the date stated above, at 4p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of thoracic aorta	8 ms.
Aortic insufficiency syphilitic	8 ms

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reuter, M. D.

(Address) Balto City Hosp

7 1933

F 09746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09746

73 Registered No.

1. PLACE OF DEATH St. Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 30 Ward)

Length of residence in city or town where death occurred 21 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Paul

(a) Residence: No. 420 S. Furrow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feby 22/1913

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alma Mfg Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William F Paul

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Bessie A Kroll

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT William F. Paul

(Address) 420 S. Furrow St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Feby 19. 1935

UNDERTAKER Harry A Armentrout Son

(Address) 4204 Ridgewood Ave

FILED ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16- , 1935

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1935 to Feb. 16, 1935

I last saw him alive on Feb. 16 1935 Death is said to have occurred on the date stated above, at 10 35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Banti's Disease	1932
Splenomegaly	6 mos
Cirrhosis of liver	6 mos
Bilateral pulmonary atelectasis	2/5/35

Other contributory causes of importance: acute

Name of operation Splenectomy Date of 2/9/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl E Merkel M. D.

(Address) St Agnes Hosp

F 09747

D. B. 48-9 F 09747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Loudenslager St., 20 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clinton Lavern Adair

(a) Residence: No. 517 Loudenslager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth V. Adair

DATE OF BIRTH (month, day, year) Aug 7-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Penna RR

10. Date deceased last worked at this occupation (month and year) Feb 1933

11. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) (State or country) Cochocton Miss.

13. NAME OF FATHER Edward Adair

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME OF MOTHER Vesta Minnette McCoy

16. BIRTHPLACE (city or town) (State or country) Woodville Miss.

INFORMANT Mrs. Elizabeth V. Adair

(Address) 517 Loudenslager

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb 15 1935

UNDERTAKER J. Pickney Sons

(Address) Pratt & Penna

FILED Feb 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/7 1935 to 2/14 1935

I last saw him alive on 2/11 1935 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

Coronary embolism — Date of onset 2/7/35

Other contributory causes of importance: None demonstrable

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wesley Edel M. D.

(Address) 2806 Garrison Blvd

M. D. H. 1268-c F 09748

✓ F 09748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3539 Caton Ave St., 20-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura M Darby

(a) Residence: No. 3539 Caton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank Darby

6. DATE OF BIRTH (month, day, year): Sept 23 1883

7. AGE — Years: 51 — Months: 4 — Days: 21 22 — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Charles Epps

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Elma Isaac

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: John J O'Leary

(Address): 3539 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem Date 2/18 19 35

19. UNDERTAKER: Byrne & Foley

(Address): Fulton & Fayette

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1935 to Feb 14 1935

I last saw her alive on Feb 14 1935 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 3/35

Other contributory causes of importance:

Cirrhosis 2 D1.

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If ... (Signed) H. L. Campbell M. D.

Feb 16/35 (Address) 1644 Hanover St.

FEB 17 1935

F 09749

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09749

CERTIFICATE OF DEATH

89-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospital St., (Ward)

Length of residence in city or town where death occurred 2 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Georgia L. Pilgrim

(a) Residence: No. Queen Anne Road, Pikesville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 1, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	15	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Julia Dieterich

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Lydia Smith

16. BIRTHPLACE (city or town) (State or country) Mercer, Md.

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Interment Date Feb 18, 1935

UNDERTAKER Harry A. Wilke

(Address) 4101 Reisterstown Road

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1935 to Feb. 16, 1935

I last saw her alive on Feb. 16, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Otitis Media	Feb. 11, '35
Pneumococcus meningitis	Feb. 14, '35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maude Elliott Babcock M. D.

(Address) Maryland Gen. Hospital

D. P. 1268-B F 09750 ✓ F 09750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 14 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr Melvin S Rosenthal
(a) Residence: No. Mallow Apt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 12/1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.
13. NAME Samuel Rosenthal
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Emma Blumenthal
16. BIRTHPLACE (city or town) (State or country) Germany
INFORMANT Mrs Rosenthal
(Address) 206 N Eutaw St
BURIAL, CREMATION, OR REMOVAL
Place Levi Sholom Date 2/18 . 1935
UNDERTAKER L. Goldsmith & Son
(Address) 1402 Eutaw St
FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16 . 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 . 1935, to Feb. 16 . 1935
I last saw him alive on Feb. 16 . 1935 Death is said to have occurred on the date stated above, at 2:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	
Benign prostatic hypertrophy	
Acute cystitis	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...
(Signed) L. Katzenstein, M. D.
(Address) Sinai Hospital

1935 [illegible] Registrar

F 09751

F 09751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4416 Raspe Ave. St., 26 Ward)

Length of residence in city or town where death occurred 73 yrs. 11 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Baum

(a) Residence: No. 4416 Raspe Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Baum

DATE OF BIRTH (month, day, year) May 17 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laid master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher 0013

10. Date deceased last worked at this occupation (month and year) July 6 1933

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Dort Kuno

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dort Kuno

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Hattie Baum

(Address) 4416 Raspe Ave.

BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem. Date Feb 18, 1935

UNDERTAKER Josiah Syfer

(Address) 1560 E. North Ave

FILED 17 1935 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 - 1934 to Feb. 15, 1935

I last saw h alive on Feb 14, 1935. Death is said to have occurred on the date stated above, at 1700 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines metastases.	July 1933

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W North Ave

M. D. B. Case E 09752 ✓ E 09752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Liberty Heights Ave. St. 24 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie L. Brown

(a) Residence: No. 3604 Liberty Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6. If married, ~~widowed, or divorced,~~ ~~HUSBAND~~ of (or) WIFE of David P. Brown

7. DATE OF BIRTH (month, day, year) Apr. 23-1847

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queens Anne Co. Md

13. NAME of Jane

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT David P. Brown

(Address) 3604 Liberty Hts. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Feb 18 . 1935

19. UNDERTAKER Josiah Lyter

(Address) 1600 N. North Ave.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 16 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feby 10 . 1935 to Feby 16 . 1935

I last saw her alive on Feby 16 . 1935 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1920
Chr. Interstitial Nephritis	1930

Other contributory causes of importance:

Cerebral Hemorrhage	Feb. 15 1935

Name of operation None Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

F 09753

Spec.—1-10-21—MAY—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE F 09753

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108½ Lake ave ST., 9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ann Dixon

(a) RESIDENCE NO. 2108½ Lake ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widow

6a If married, widowed, or divorced

6b If married, widowed, or divorced, WIFE of Benjamin T. Dixon

7 DATE OF BIRTH (month, day, and year) Jan 9-1859

8 AGE Years 76 Months 1 Days 5 If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Balto. Md.

11 NAME OF FATHER Hugh Diamond

12 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

13 MAIDEN NAME OF MOTHER Eliz. Bowman

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

PARENTS

14 Informant (Address) Chas R Dixon 2108 Lakeave

15 Died 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2/14 1933

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1932, to 2/14, 1932, that I last saw her alive on 2/14, 1935, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus, arteriosclerosis, & myocarditis

(duration) 2 yrs 11 mos 21 ds.

CONTRIBUTORY (Secondary) Heart failure

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Symptoms & symptoms

(Signed) Hy A Andrews, M. D.

19 (Address) 1623 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

20 UNDERTAKER J. A. Moran

DATE OF BURIAL 2/18 1935

ADDRESS 3 Edo Balto

6 17 1933

M. D. F. 09754 ✓ F 09754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N Lakewood Ave St., 6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Donald Baum

(a) Residence: No. 406 N Lakewood Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 20-1931

7. AGE: Years | Months: 9 | Days: 2 6/7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Harold W Baum

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Frances B Shafer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Frances Baum

(Address): 406 N Lakewood

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 2/18/ 1935

19. UNDERTAKER: J. J. Doran

(Address): 3006 Baltimore

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/15/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 19.. to ..... 19..

I last saw him alive on ..... 19.. Death is said to have occurred on the date stated above, at 8 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Enteritis	4 Day

Other contributory causes of importance:

Pneumonia	2 Day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Woolf M. D.

(Address) 413 Washington

D. B. 12[illegible] F 09755 ✓ F 09755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William James Mc Bride

(a) Residence: No. 3812 Greenmount Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or WIFE of) Daisy McBride

DATE OF BIRTH (month, day, year) Jan 25, 1878

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57		20 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME OF FATHER Wm H. Mc Bride

14. BIRTHPLACE (city or town) (State or country) Balto City, Md.

15. MAIDEN NAME OF MOTHER Catherine Keyhan

16. BIRTHPLACE (city or town) (State or country) Balto City, Md.

INFORMANT Daisy Mc Bride

(Address) 3812 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cath Date 2/18 1935

UNDERTAKER John H. Mogan

(Address) 3000 E. Balto St

FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1935, to Feb 15, 1935

I last saw him alive on Feb 15, 1935 Death is said to have occurred on the date stated above, at 6:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-14-35
Other contributory causes of importance:	
Asthma	?
Myocardial disease	?

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles A Cooley, M. D.

(Address) Union Memorial Hospital

D. P. 1268-9

F 09756

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09756

CERTIFICATE OF DEATH

x 72-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., ? Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lorraine M Mynar

(a) Residence: No. Langrehr Ave, Rockdale St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced HUSBAND of ..... (or) WIFE of .....

DATE OF BIRTH (month, day, year) June 4/1921

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Charles V. Mynar

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Cora Massien

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Cora Myers

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 20th 19 35

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Leukemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. H. Gallen, M. D. Coroner

(Address) 508 E. North Ave

F 09757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09757

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 E. Lafayette Ave 8 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura V. Johnson

(a) Residence: No. 1501 E. Lafayette Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of ~~HUSBAND of~~ William T. Johnson

DATE OF BIRTH (month, day, year) April 26th 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Ohio

13. NAME John T. Lawson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Evelyn Cobb

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Blanche Lawson

(Address) 2305 Garrett Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 19th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1935 to Feb 16 1935

I last saw her alive on Feb 15 1935. Death is said to have occurred on the date stated above, at 3.35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3 days
Auricular Fibrillation	1 month
Other contributory causes of importance: Ulcer of right leg	1 month

Name of operation None Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Hatem M. D.

(Address) 523 Scott St

F 09758

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09758

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 N Calvert St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Foster

(a) Residence: No. 2313 N Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert T Porter

7. DATE OF BIRTH (month, day, year) Oct 13 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bolton N C

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Bolton N.C.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Anne R Porter

(Address) 2313 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 19 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John H Mowbray M. D.

(Address) 1627 Eutaw Pl Coroner

C. D. B 1268-9

E 09759

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09759

CERTIFICATE OF DEATH

89-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 15 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Napoleon William Grieb

(a) Residence: No. 2015 Clifton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lillian E. Smith

DATE OF BIRTH (month, day, year): July 23/1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman gob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Migloretti Bros

10. Date deceased last worked at this occupation (month and year): Feb 12/35

11. Total time (years) spent in this occupation: 33

BIRTHPLACE (city or town) (State or country): Phila., Pa

13. NAME: William Grieb

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth ????

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs Lillian Grieb

(Address): 2015 Clifton Ave

BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: Feb 19* 19 35

UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 16/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Streptococcic)	Feb 15
Otitis Media	Feb 13

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) ..... Coroner

F 09760

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09760

CERTIFICATE OF DEATH

341

Registered No. .....

3. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 9 Ward)

Length of residence in city or town where death occurred 10 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Charles D. Bauer.

(a) Residence: No. 2233 Cecil Ave St.; Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 4/16/1885.

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or min.
49.	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bill poster & Sorter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Morgue & Autopsy

10. Date deceased last worked this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 12

BIRTHPLACE (city or town) (State or country) California.

13. NAME Charles D. Bauer

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Records B.C.H.

(Address)

BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date 2/19/35

UNDERTAKER Fullerton Funeral Home

(Address) 1214 E. Fayette St.

FILED FEB 18 1935 By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/13/1935

22. I HEREBY CERTIFY, That I attended deceased from 12/19/1934 to 2/13/1935

I last saw him alive on 2/13/1935 Death is said to have occurred on the date stated above, at 7:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	18 mos.
Syphilitic (?)	18 mos.
Myocardial insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto. City Hosp.

F 09761

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09761

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 616 N. Fulton Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie E. Byrd

(a) Residence: No. 616 N. Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of ——— ——— ———
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 13th 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trained Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 6048

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Accomac Co Va.

13. NAME Sewall A. Byrd

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Ellen Tamers

16. BIRTHPLACE (city or town) (State or country) Snow Hill Va

INFORMANT Ethel M. Nichols
(Address) 616 N. Fulton Ave

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 2/18 1935

UNDERTAKER W. M. Cook
(Address) 1317 E. Monument St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1934 to Feb 16, 1935

I last saw h... alive on Jan 21, 1935. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Uremia Secondary to Hypertension & Chronic Interstitial Nephritis. Terminal Bronchial Pneumonia & Exhaustion

Date of onset: 1925; 1925; Dec 1927; May 14/34

Other contributory causes of importance: Cerebral Hemorrhage & C. F. Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... M. D.
(Address) 2012 E. Pratt St

F 09762

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09762

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH South Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Carrie Griffiths

(a) Residence: No. 2706 Elliott St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ (or) WIFE of William J. Griffiths

7. DATE OF BIRTH (month, day, year) July 21st 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ∅

11. Total time (years) spent in this occupation +

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John H. Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ida P. Rollison

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William J. Griffiths

(Address) 2706 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 20 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1935 to Feb. 17, 1935

I last saw her alive on Feb. 17, 1935 Death is said to have occurred on the date stated above, at 5:05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
uremia	
Myocardial degeneration	
& congestive failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harold L. Wolf M. D.

(Address) 1213 Light St

F 09763

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09763

CERTIFICATE OF DEATH

Registered No. 86

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital 18 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gabriel Pellicciotti

(a) Residence: No. 809 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 15-1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Ernest Pellicciotta
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Rosalia Pellicciotta
16. BIRTHPLACE (city or town) (State or country) Italy
17. INFORMANT Ernest Pellicciotta
(Address) 809 W. Lombard St
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 18, 1935
19. UNDERTAKER Frank Dello Joio
(Address) 52 N. Morley St.
20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1935
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance: Convulsions	

Name of operation ... Date of ...
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Feller, M. D. Coroner
(Address) 23 E. Chesapeake Ave.

F 09764

M. D. P. 1768-2 F 09764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 322 S. Eutaw St., 7 Ward)

Length of residence in city or town where death occurred Life, mos., ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley H. Bowinkelman.

(a) Residence: No. 322 S. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 21 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy. dtd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md.
13. NAME Stanley J. Bowinkelman
14. BIRTHPLACE (city or town) (State or country) Balto md.
15. MAIDEN NAME Ethel Welling
16. BIRTHPLACE (city or town) (State or country) Balto Md.
INFORMANT Mrs John Bowinkelman
(Address) 322 S Eutaw St.
BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 2/20, 1935
UNDERTAKER Liston R Funkenbusch
(Address) 221 E. Lafayette Ave
FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1933 to Feb 16, 1935
I last saw h alive on Feb 16, 1935 Death is said to have occurred on the date stated above, at 1155 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	2/16
Other contributory causes of importance Endocarditis Rheumatic	2yrs

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph G. Faircastle, M. D.
(Address) 679 Washington Blvd

F 09765

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09765

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 St Paul St. 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adaline E. Gorsuch,

(a) Residence: No. 2805 St Paul St. St., Ward.
(Usual place of abode) about 70 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lovelace Gorsuch,

DATE OF BIRTH (month, day, year) April 1st 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England,

13. NAME — Brown

14. BIRTHPLACE (city or town) (State or country) unknow

15. MAIDEN NAME unknow

16. BIRTHPLACE (city or town) (State or country) unknow

INFORMANT Mrs. H. Wolf,
(Address) 2807 St Paul St.

BURIAL, CREMATION, OR REMOVAL
Place Westminster Md Date 2/18 19 35
Westminster, Cemetery,

UNDERTAKER Liston P. Fuss & Son
(Address) 221 E. Lafayette Ave

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 16th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feby 12 1935 to Feby 16 1935

I last saw her alive on Feby 15 1935 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

Entered Hospital
Chronic Interstitial
Nephritis
Chronic myocarditis

Date of onset Jan. 1934

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Frederick L. Owen M. D.

(Address) 7527 N. Calvert St

D. B. No. F 09766 F 09766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 3 mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grover Cleveland Kratzmeier

(a) Residence: No. 124 Collins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes M. Kratzmeier

DATE OF BIRTH (month, day, year) Nov. 8 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Greenwald Packing Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 10 Yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER John Kratzmeier.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME OF MOTHER Bertha Schrapp

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Agnes M. Kratzmeier

(Address) 124 Collins Ave.

BURIAL, CREMATION, OR REMOVAL Loudon Park. Date Feb 20 19 35

UNDERTAKER Bernard C Harder

(Address) 1020 S Paca St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1935 to Feb. 17 1935

I last saw him alive on Feb 17 1935 Death is said to have occurred on the date stated above, at 5:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & perforation	?

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date Feb 2nd

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H. Conley M. D.

(Address) Union Memorial Hospital

H. D. P. 1268-9

F 09767

F 09767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 756 Reservoir St., 13 Ward)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. McDonald.

(a) Residence: No. 756 Reservoir St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George E. McDonald

DATE OF BIRTH (month, day, year) April 1st 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME ? Welch.

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emma Leimair

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Nellie McDonald.

(Address) 756 Reservoir St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb. 18th 1935

UNDERTAKER Mrs Chas A J Rohde

(Address) 2327 Edmondson Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Feb 14 1935

last saw h[illegible] alive on Feb 14 1935 10-25 P m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilitation of Heart	Feb 14
Other contributory causes of importance: Mitral Regurgitation of Heart	Several years

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lafette Ewell M. D.

(Address) 2945 St. Paul St.

D. B. 1268-9

F 09768

F 09768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Nork St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vetro Thompson

(a) Residence: No. 1035 Rice St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Sept 7 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Vetra Thompson

14. BIRTHPLACE (city or town) (State or country): Greenville N. Car

15. MAIDEN NAME: Mary Page

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Mary Thompson

(Address): 1035 Rice

BURIAL, CREMATION OR REMOVAL

Place: Mt Zion Date: Feb 17 1935

UNDERTAKER: Elroy O Wilson

(Address): 1600 Broadway

FILED: 19 ..... Registrar.

FEB 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cerebral Meningitis	2 days

Other contributory causes of importance: Convulsions

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Kirk ..... M. D.
Coroner

(Address) .....

F 09769

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09769

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Ashland Ave St., 7 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Joseph

(a) Residence: No. 1827 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Bessie Joseph

DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 75	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. foundry

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brazil (S. America)

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Chas Blatty step-son

(Address) 1827 Ashland Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 19 Feb 15 1935

UNDERTAKER Theodore G White

(Address) 113 N Paca St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934 to Feb 15, 1935.

I last saw him alive on Feb 14, 1935. Death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	Jan 1934
Other contributory causes of importance: Uremia - Cardiac Dilatation Hemorrhage Avascular	Jan 1934

Name of operation None Date of No

What test confirmed diagnosis? Physical there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

F 09770

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09770

95-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Arlington Ave St., 15 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustave Louis Beck

(a) Residence No. 3010 Westwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline B. Beck

DATE OF BIRTH (month, day, year) Oct 15 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gilder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conrad Hemp

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

7. BIRTHPLACE (city or town) (State or country) Hamburg Germany

13. NAME Henry C J Beck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna ?

16. BIRTHPLACE (City or town) (State or country) Germany

INFORMANT Mrs. Caroline B. Beck

(Address) 3010 Westwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 19 1935

UNDERTAKER John J Tucker & Sons

(Address) North & Penna Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb N 1935 to Feb 16 1935

I last saw h[e] alive on Feb 16 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Hypertensive Cardio Vascular disease with decompensation	
(2) Pulmonary Edema	2/16/35

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Geo Schumpert M. D.

(Address) West Balto. Gen. Hospital

H. D. B. 1268-9 F 09771

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09771

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 N. Carrole St. 116 Ward)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Coulson Pinkerton

(a) Residence: No. 2510 N. Carrole St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Isabel Pinkerton

DATE OF BIRTH (month, day, year) Dec 7 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Mgr Sail Loft

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sail Loft

10. Date deceased last worked at this occupation (month and year) Feb 1935 | 11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Allan S Pinkerton

14. BIRTHPLACE (city or town) (State or country) Nelson Co Va

15. MAIDEN NAME Isabel E Coulson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Edwin B Pinkerton

(Address) 3003 Huntsbourne Road

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date Feb 18 19 35

UNDERTAKER H. J. Tschan & Sons

(Address) North Ave

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1935 to Feb. 16 1935

I last saw him alive on Feb. 16 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	3 days
Other contributory causes of importance:	
Cardiac failure.	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj F McCleary M. D.

(Address) 400 N Broadway

D. H 1268-9

F 09772

F 09772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 W 38th St. 13 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Pebert

(a) Residence: No. 1002 W 38th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Elsie Pebert

DATE OF BIRTH (month, day, year) Nov 13, 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 10/12

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

13. NAME Michael Pebert

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Catherine Schaffer

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Catherine Pebert

(Address) 1137 W. King St. York, Pa.

BURIAL, CREMATION, OR REMOVAL

Interment York, Pa. Date Feb 20, 1935

UNDERTAKER Ehrenfeld & Son

(Address) 345-47 Custom House

FILED. Registrar.

FEB 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Hoffmeier Coroner, M. D.

(Address) 362 Roland ave

F 09773

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09773

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General St., Hospital (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Calvin Frederick

(a) Residence: No. 1908 Harlem Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE Nellie Coppedge Frederick

DATE OF BIRTH (month, day, year) Jan. 8, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker Hayward Co

10. Date decedent last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER William Frederick

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME OF MOTHER Anna Weaver

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 19" 35

UNDERTAKER Joseph H Cook Sr

(Address) 1003 N Eutaw St

FILED Feb 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1935, to Feb. 16, 1935, (I last saw him alive on Feb. 16, 1935) Death is said to have occurred on the date stated above, at midnight (12 m)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease with hypertension	Jan. 1935
Cardiac decompensation	Dec. 1934
Acute cardiac decompensation	Feb. 16 35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Mary Elliott Barack M. D.

(Address) Md. General Hospital

F 09774

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09774

XV 205-9

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH W.Md.R.R.Coal Pier.
CITY OF BALTIMORE: (No. Port Covington. St., 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 27 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer R.Stafford.
(a) Residence: No. Ferndale, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of Blanche A.Stafford.

DATE OF BIRTH (month, day, year) February 19,1895

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.Md.R.R.Co.
10. Date deceased last worked at this occupation (month and year) 2/14/35
11. Total time (years) spent in this occupation 14 yrs

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME William B.Stafford.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Ida Elizabeth Cusick

16. BIRTHPLACE (city or town) (State or country) Calvert County, Md.

INFORMANT Blanche A.Stafford.(wife)
(Address) Ferndale, Md.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Feb. 18 1935

UNDERTAKER Joseph B Cook
(Address) 1003 W. Baltimore St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed about the body.	
Caught in a coal conveyor.	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/14/35 19.....
Where did injury occur? W. Md Coal Pier (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry.
Manner of injury Caught in belt of conveyor.
Nature of injury Crushed about the body.

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Otto H. Reinhardt M. D. Coroner
2/15/35 (Address) 1017 E. Charles St.

F 09775 F 09775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Hardy Barnett.

(a) Residence: No. 934 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel T

DATE OF BIRTH (month, day, year) 11/22/17

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	2	22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila, Pa.

13. NAME Chas. Hardy

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

15. MAIDEN NAME Gertrude Rich.

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

INFORMANT Husband

(Address) above.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Feb 18, 1935

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Schroeder St.

FILED 19 Registrar

FEB 18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11, 1935 to 2/14, 1935

I last saw her alive on 2/14, 1935 Death is said to have occurred on the date stated above, at 11 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	~~9 mo~~ 4½ mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

D. B. 1968-5 F 09776 F 09776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 20 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Matthew McKinnly

(a) Residence: No. 422 N. Carey St., .. Ward. ..
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

DATE OF BIRTH (month, day, year) May 27. 1883

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or min.
	51	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0018

10. Date deceased last worked at this occupation (month and year) .. 11. Total time (years) spent in this occupation ..

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Archie McKinney

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Sarah Morgan

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 19 1935

UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder Ste.

FILED .. 19 .. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1935 to Feb 15 1935

I last saw him alive on Feb 15 1935 Death is said to have occurred on the date stated above, at 2 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Strictures	5 yrs.
Other contributory causes of importance: Urinary retention	2 days

Name of operation Supra-pubic cystotomy Date of 2-14-35

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .. 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ..

(Signed) Samuel A. Gayl M.D.

(Address) Balto City Hospitals

F 09777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Butts. City Hosp St. 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Mary Witczak

(a) Residence: No. 1616 Eastern Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley ?

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Jos Rzymski

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Husband

(Address) above.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 2/19 19 35

UNDERTAKER William Fiaschetti

(Address) 1613 Eastern Ave

FILED 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15 19 35

22. I HEREBY CERTIFY, That I attended deceased from 2/12 19 35 to 2/15 19 35

I last saw her alive on 2/15 19 35 Death is said to have occurred on the date stated above, at 9 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 day
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Butts M. D.

(Address) Balto. City Hosp.

H. D. H. 1208-9

F 09778

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09778

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 West North St., 45th Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida L Bowsler

(a) Residence: No. 2912 West North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 5 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	9 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co Md

12. NAME John Cole

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME — Hoffaker

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

INFORMANT Ida Bowsler daughter

(Address) 2912 W North Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 19 1935

UNDERTAKER Mary A Gaughran

(Address) 2739 Boyd Ave Cpll Md

FILED Feb 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1934 to Feb. 16, 1935

I last saw her alive on Feb. 16, 1935. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo- and Myo-carditis.	About
Chronic Nephritis with Hypertension	1925

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice E. Shamer M. D.

(Address) 3200 N. North Ave

H. D. B 1268-9

F 09779

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09779

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 N. Caroline St St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Imogene Albaugh

(a) Residence: No. 722 N. Caroline St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Albaugh

DATE OF BIRTH (month, day, year) Nov 2/1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Glaudel

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Cornelia Shase

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT George Albaugh

(Address) 722 N. Caroline St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Lawn Date 2/18/35 19

UNDERTAKER Philip Herring Sons

(Address) 2016 Eutaw St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	about 5 days
Myocardial Insufficiency	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

D. P. 1268-9

F 09780

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09780

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Presbury St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Ellen ~~Brooks~~ Tyler

(a) Residence: No. 619 Presbury St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Dec 17-1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of father: Moses Brooks

14. BIRTHPLACE (city or town) (State or country): Howard Co Md

15. MAIDEN NAME of mother: Alice Saulter

16. BIRTHPLACE (city or town) (State or country): Howard Co Md

INFORMANT: Alice Wilkie

(Address): 924 N. Arlington

BURIAL, CREMATION, OR REMOVAL

Place: W. Auburn Cemetery Date: Feb 18 1935

UNDERTAKER: Archibald D. Haddix

(Address): 2101 E. Eutaw St.

FILED: Feb 18 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19.....

I last saw h... alive on Feb 15 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 days

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Tuck, M. D.
Coroner

(Address) Coroner

D. P. [illegible] F 09781

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09781

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 28 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Virginia Moon

(a) Residence: No. 4301 Springdale Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	25½	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward Moon

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Ruth Eden

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Richard T. Collings
(Address) 4301 Springdale Ave.

BURIAL, CREMATION, OR REMOVAL

Place GreenMount Cem. Date Feb. 19 1935

UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED 19 Remarks

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:
Fracture of Right Femur
accidental

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 1/30 1935

Where did injury occur? 4301 Springdale
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down at home

Nature of injury Fract of R. Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Klergo M.D. M. D.
Coroner

(Address) 1305 N. Patterson Park Ave.

M. D. B. 1268

F 09782

F 09782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5013 Roland Ave. St., 27 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Capitola Black Thompson

(a) Residence: No. 5013 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Samuel E. Thompson

7. DATE OF BIRTH (month, day, year): Aug. 24, 1859

8. AGE: Years: 75 Months: — Days: 23 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

13. NAME: Anna Nelson

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Sarah E. Ogman

16. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

17. INFORMANT: Mr. Samuel E. Thompson

(Address): Scarsdale, N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place: Lawn Mount Cem. Date: 2/19/35 19

19. UNDERTAKER: John C. Mitchell & Sons

(Address): 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1935 to Feb. 18 1935.

I last saw h— alive on Feb. 18 1935. Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 17.
Left Hemiplegia.	
Lived six and a half hours	

Other contributory causes of importance:

Senile Arteriosclerosis

Name of operation: — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Wroth Porter M. D.

(Address) 4822 Roland Ave

M. D. B. 1268-9 F 09783

F 09783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beese Barnes

(a) Residence: No. 1020 Whitmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel C

7. DATE OF BIRTH (month, day, year) 2/11/80

AGE 54	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Sam Trout

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sophie Hildebrandt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb. 18, 1935

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1935 to Feb 15 1935.

I last saw her alive on Feb 15 1935 Death is said to have occurred on the date stated above, at 3p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	10 mo 30
Hypertension	11 months
? Pulmonary infarction	1 day ap

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? EKG Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myrta Susan Coons M. D.

(Address) Johns Hopkins Hospital

F 09784

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09784

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 54 yrs. ... mos. ... ds.

2. FULL NAME Joseph Blazek

(a) Residence: No. 2250 East Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec. 31 - 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	1	15/16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. of Notion store.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Blazek

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Clara Sponar

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Theresa Blazek

(Address) 2250 E. Chase St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 20 19 35

UNDERTAKER Margaret E. Flynn

(Address) 2107 N. Milton Ave.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from February 11. 1935 to February 16 1935

I last saw h... alive on February 16. 1935 Death is said to have occurred on the date stated above, at 9:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. Wagenseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

D. B. 1938-9 F 09785

F 09785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

Registered No.

1. PLACE OF DEATH Union Memorial Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occured 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. ~~George D. Burgess~~ Lilly Early Burgess

(a) Residence: No. Hotel Stafford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George D Burgess

DATE OF BIRTH (month, day, year) March 6, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	65	11	11 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME John D. Early

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Ward Reamond

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mr. John E. Burgess

(Address) Hotel Stafford

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 2.17 ..... 19 35

UNDERTAKER Geo. W. Jenkins Funeral Co.

(Address) 1300 Eutaw Place

FILED ..... 19 ..... Registrar.

MAR 5 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1935, to Feb. 17, 1935.

I last saw her alive on Feb 17, 1935. Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	2-12-35
	over

Other contributory causes of importance:

Broncho-pneumonia	? 2-15-35
Hypertensive Ht. Dis.	yrs.
Arteriosclerosis, General	yrs.

Name of operation Laparotomy & drainage Date of 2-13-35

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

M. D. No. 12684 F-09786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5319 Bosworth Ter. Ward) 28

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Poisal De Kalb

(a) Residence: No. 5319 Bosworth Ter St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Samuel De Kalb

6b. DATE OF BIRTH (month, day, year) Dec 10th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	2	6	16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME of Father Thomas B. Poisal

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Eliza Foster

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr Thomas Samuel De Kalb

(Address) 5319 Bosworth Ter

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 2/19/35 19

19. UNDERTAKER Jos. Wyler & Son

(Address) 2543 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 | 16 | 35. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-14-35, 19 ..... to 2/16/35, 19 .....

I last saw her alive on 2/14/35, 19 ..... Death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism Pectoris	2/14/35
Other contributory causes of importance: arterio-sclerosis	

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. V. Harper M. D.

(Address) 5208 Harford Oak Ave

C. D. B. 368-9

F 09787

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09787

CERTIFICATE OF DEATH

X 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 90 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nora P. Moreland

(a) Residence: No. 462 S. Bentalou St., ... Ward. Richmond Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Louis Moreland

DATE OF BIRTH (month, day, year) June 11th 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.
13. NAME David Downs
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Harriett Cooke
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Jno. Wade Moreland
(Address) Williamsburg, Va
18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date 2/19/35
19. UNDERTAKER Geo. Nolan & Son
(Address) 203 Edmondson Ave
20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1935 to Feb. 18 1935
I last saw her alive on Feb. 18 1935 Death is said to have occurred on the date stated above, at 3 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSION	
CHRONIC NEPHRITIS.	

Other contributory causes of importance:

AURICULAR FIBRILLATION	
CONGESTIVE HEART FAILURE	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following.
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Rahul A. Newlyn, M. D.
(Address) St Agnes Hospital

M. D. F 09788

F 09788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH United States Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland. St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis L. Winterode

(a) Residence: No. 844 W. Fayette St., Baltimore, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Catherine Geheringer Winterode

DATE OF BIRTH (month, day, year) Dec. 12, 1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peabody Cons. 1942

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

13. NAME William R. Winterode

14. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

15. MAIDEN NAME Frances Lewin

16. BIRTHPLACE (city or town) (State or country) Pikesville, Md.

17. INFORMANT U.S. Marine Hospital Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 2/20/35 19

19. UNDERTAKER Richard W. Meyer
(Address) 1620 Ashburton St.

20. FILED 19 Registrar.

FEB 18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17 1935

22. I HEREBY CERTIFY, That I attended deceased from December 28 1934 to February 17 1935

I last saw him alive on February 17 1935 Death is said to have occurred on the date stated above, at 11:50am

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cardiac hypertrophy	10yrs.
Hypertension, arterial	unk.
Arteriosclerosis, general	unk.
Myocarditis, chronic, with congestive failure	10yrs.

Other contributory causes of importance:
none

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. S. Geeden M. D.

(Address) U.S. Marine Hospital, Balto. Md.

D. H. 1269-9

F 09789

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09789

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Aaron Rosenfeld

(a) Residence: No. 3409 Parks Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella

DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repair Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2/34

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Name Friedberg Date 2/18/35, 19

UNDERTAKER Levine Inc
(Address)

FILED 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1935 to Feb 16, 1935

I last saw him alive on Feb 16, 1935 Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Uremia	

Other contributory causes of importance:

Arteriosclerosis
Chr. Myocarditis
Hemiplegia - Left
Senile Psychosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C. Yalisch M. D.

(Address) Sinai Hosp

F 09790

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09790

CERTIFICATE OF DEATH

46-H

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Heyman

(a) Residence: No. 1903 Wheeler Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Solomon Heyman

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Moses Samuelson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anna Samuelson

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Date 2/18/35, 19

UNDERTAKER (Address)

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry, 19 . Death is said to have occurred on the date stated above, at 3.10 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder	?
Other contributory causes of importance:	
Congestion of brain and liver.	Feb. 18

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Joseph L. Mehrtens M. D.
Coroner

(Address) 16 South Broadway

F 09791

F. D. B. 7268-9

F 09791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 19 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Max Ross

(a) Residence: No. 271 S. Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie

DATE OF BIRTH (month, day, year) 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1088

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lithuania

12. NAME Nathan

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2/18/35 19

UNDERTAKER Levy Bros Inc
(Address) 1439 E. Baltimore St.

FILED FEB 18 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/12/35

22. I HEREBY CERTIFY, That I attended deceased from 2/9/35, 19 to 2/12/35, 19 35

I last saw h. in alive on 2/12, 19 35 Death is said to have occurred on the date stated above, at 3.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	3
Bilateral Pneum. Hypost.	
Nodular Goitre	
Other contributory causes of importance:	
Arteriosclerosis	?
Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Raoul E Carlenes, M. D.

(Address) Sinai Hosp.

B. H. 1368-9

✓ F 09792

F 09792 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. No Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Hubbert

(a) Residence: No. 360 E. Pratt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Barthelt H. Hubbert

DATE OF BIRTH (month, day, year): Jan. 9-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md.

12. NAME: Leon Blaut

14. BIRTHPLACE (city or town) (State or country): ~~Italy~~ Germany

15. MAIDEN NAME: Matilda

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL: Hebrew Friendship Date 2/19/35 19

UNDERTAKER: Jack Levin Funeral Home
(Address) 1439 E. Balto. St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/35 19

22. I HEREBY CERTIFY, That I attended deceased from 2-15- 35 to 2-17 1935

I last saw her alive on 2-17 1935. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic C. V. D.
Cardiac hypertrophy and dilatation
Cause unknown
Generalized adenopathy

Other contributory causes of importance:

Diabetes Mellitus

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard J. Abramson M. D.

(Address) Sinai Hospital

D. B. 1268-9

✓ F 09793

F 09793 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 Woodland Ave. St., 27 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Jacob Lubarsky

(a) Residence: No. 3003 Woodland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca

DATE OF BIRTH (month, day, year) 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Collector

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 07

BIRTHPLACE (city or town) (State or country) Russia

12. NAME David Lubarsky

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Jannie

15. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Martha Lubarsky

(Address) 3003 Woodland Ave

BURIAL, CREMATION, OR REMOVAL

Place New York City Date 2/19/35 19

UNDERTAKER Jos. Young Inc.

(Address) 1432 E. Baltimore St.

FILED 2/19/1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-35 19

22. I HEREBY CERTIFY, That I attended deceased from 11/18 1934 to 2/17 1935

I last saw h/ alive on 2/17 1935. Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	1/14/35
Other contributory causes of importance:	
Chr. myocarditis	—
Arteriosclerosis	—

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. A. Silver M. D.

(Address) 3704 Liberty Hgts. Ave.

H. D. P. 1268-9

09794 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09794

CERTIFICATE OF DEATH

D 122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Darley ave St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosaletta Shaw

(a) Residence: No. 1724 Darley Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robt. Shaw

7. DATE OF BIRTH (month, day, year) Oct. 14th 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Wm. Wheeler

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Letitia McLaughlin

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Frank E. Clark

(Address) 1724 Darley Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 2/18 1935

UNDERTAKER C. D. Pumphrey & Son

(Address) 1938 E. Lafayette Ave

..... 19..... Registrar.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 1934 to Febuary 15 1935

I last saw her alive on Febuary 15 1935 Death is said to have occurred on the date stated above, at 2.05 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Feb 14 1935

Other contributory causes of importance: Strangulated Hernia and Cardiac Dilatation — Feb 14 1935

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No ... If so, specify ...

(Signed) Albert E. Rosenberg M. D.

(Address) 2025 E. Fayette St

H. D. B. 1268-9

✓ F 09795

09795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 70 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Johnson

(a) Residence: No. 2204 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Salina.

DATE OF BIRTH (month, day, year) 3/4/53.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mamie A. Shipley (niece)
(Address) above.

BURIAL, CREMATION, OR REMOVAL

Place Antioch Va Date Feb 9, 1935

UNDERTAKER Livingood & Son
(Address) 2017 Eastern Ave

FILED 2/11 1935, 19.... Registrar.

RRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/13, 1935 to 2/17, 1935

I last saw him alive on 2/17, 1935 Death is said to have occurred on the date stated above, at 5 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (?)	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto. City Hosp.

D. B. 1265-9

E 09796

09796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 894 Tyson St., 11 Ward)

Length of residence in city or town where death occurred 9 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Wilson

(a) Residence: No. 894 Tyson St., Ward. 11 West
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 14 1925

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	9	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Le Roy Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Beatrice Henson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Le Roy Wilson
(Address) 894 Tyson St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 2/19/ 1935

UNDERTAKER Frances A. Abendroth
(Address) 5 E. 20th St. Baltimore Md

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11th 1935 to Feb 16th 1935

I last saw him alive on Feb 16th 1935. Death is said to have occurred on the date stated above, at 12:30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Oct 23, 1934
was treated at Johns Hopkins was sent home	Jan 4 1935.
Other contributory causes of importance:	
coma two hours.	one

Name of operation none Date of

What test confirmed diagnosis? Physic. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. B. Tevanus M. D.

(Address) 698 W. Franklin St.

D. B 1268-9

F 09797

09797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5866 Ford St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Balto Mc Knight

2. FULL NAME 5866 Ford St., ... Ward.

(a) Residence: No. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 15-1933

AGE: Years ..... Months ..... Days (12 hours) If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Carlie Wm Knight Jr

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Leona McGrath

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md

17. INFORMANT: Carlie McKnight Sr

(Address): 5866 Ford St

18. BURIAL, CREMATION, OR REMOVAL: Date Feb 18 1933

Place: Mt Med Cem

19. UNDERTAKER: [illegible]

(Address)

19..... Registrar.

FILED 19..... 1129

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 15 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of heart	12 hours

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Lee Funk M. D.

Coroner

(Address) Baltimore

M. D. P. 1268-9

F 09298

09798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patricia Sprole

(a) Residence: No. 512 N Ellwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 2 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8 d	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md. U.S.

13. NAME Wm. J. Sprole

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Katherine Dunlap

16. BIRTHPLACE (city or town) Boston
(State or country) Mass

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Cemetery Date Feb 18 1935

19. UNDERTAKER .....
(Address)

Filed ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1935 to Feb. 16 1935

I last saw her alive on Feb. 15 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	
Meningocele	
Meningitis	

Other contributory causes of importance:

Name of operation Closure of meningocele on Feb 9

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. W. Gaskill M.D.

(Address) South Baltimore Gen.

8 1935

1331

M. D. B. 1268-9

F 09799

09799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Harrell

(a) Residence: No. 1020 Bradescon Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 19, 1934

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Evelyn Harrell

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date .....

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/19 1934 to 12/19 1934

I last saw him alive on 12/19 1934 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/19/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John M. Sprunt, Jr. M. D.

(Address) Johns Hopkins Hospital.

M. D. F. 1268-9

✓ F 09800

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95

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean Barksdale

(a) Residence: No. 1016 N Wolfe St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/15/34

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George Elliott

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Cornelia Barksdale

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date Feb 18, 1935

Place J. H. Med School

19. UNDERTAKER

(Address)

20. FILED Feb 18 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1935, to Feb 13, 1935

I last saw her alive on Feb 13, 1935. Death is said to have occurred on the date stated above, at 6.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia lobar	2/7/35

Other contributory causes of importance:

1 Mongolian idiot	birth

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas D. Schweinitz M. D.

(Address) Johns Hopkins Hospital

Commissioner of Health

Registrar

H. D. B. 1268-9

09801 F 09801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH (Baltimore City Hospitals) 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George 6. Wise

(a) Residence: No. 855 1/2 W. Lombard Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) ~~WIFE of~~ Bertha Wise

7. DATE OF BIRTH (month, day, year) July 23, 1855

AGE: Years 79 | Months 6 | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME OF FATHER George Wise

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME OF MOTHER Anna Phillips

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Feb 18, 1935

UNDERTAKER .....

(Address)

FILED ....., 19..... .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1935 to Feb. 11, 1935

I last saw him alive on Feb. 11, 1935. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach with glandular metastases — Duration 1934 — Date of onset

Other contributory causes of importance: Bronchopneumonia (Secondary) 2/10/35

Name of operation Gastrectomy (2 stage) Date of 1/28/35 2/6/35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A. Garst, M.D.

(Address) Balto City Hospitals

1935

D. B 1268-9

9802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36

Registered No. .....

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. John Hopkins Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 5 years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Stanley

(a) Residence: No. 1436 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

DATE OF BIRTH (month, day, year) Nov. 29, 1928.

AGE Years	Months	Days	If LESS than 1 day, hours or min.
6	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Chicago
(State or country) Ill.

13. NAME Elmer L. Stanley

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Freda L. Beer

16. BIRTHPLACE (city or town) Missouri
(State or country)

INFORMANT Mrs. Freda Stanley

(Address) 1436 N. Broadway

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Feb. 19, 1935

UNDERTAKER [illegible]

(Address) [illegible]

FILED . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Septicemia	
(Source undetermined)	

Other rontributory rauses of importance:

Name of operation ..... Date of .....

What test ronfirmed diagnosis? Blood exam. Was there an autopay? yes

23. If death was due to external causes (violenre) fill in also the following:

Arcident, suiride, or homiride? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 508 E. Madison

✓ F 09803

H. D. P. 1108-0

09803 HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Caton + Wilkens Ave. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Irene M. Courtney

(a) Residence: No. 2873 W. Lafayette Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward A. Courtney

DATE OF BIRTH (month, day, year) 10/20/1890

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
44	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father John T. Flannegan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME of Mother Agnes Huff Conner

16. BIRTHPLACE (city or town) (State or country) Easton Maryland

INFORMANT Edward A. Courtney

(Address) 2873 W. Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date 2/19/35 19

UNDERTAKER Geo. A. Rost & Son

(Address) 1 W. Fayette St.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-15-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1935 to 2-15 1935

I last saw her alive on 2-15 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2/4/35

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state why

(Signed) Edwyn F. Healy, M. D.

(Address) St. Agnes Hospital

M. D. P. 1268-9

F 09804

09804 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 E. 33rd. St. St., 17 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES F. GREEN

(a) Residence: No. 3 E. 33rd. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary D. Green

DATE OF BIRTH (month, day, year) June 27th. 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Local Representative

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minnesota Mfg. Co.

10. Date deceased last worked at this occupation (month and year) Oct

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Robert Green

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecca Frush.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary D. Green. (Wife)

(Address) 2 E, 33rd. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery. Date Feb. 19th. 1935

19. UNDERTAKER Chas F. Friend & Son

(Address) 118 W. Mt. Royal Ave.

FILED 2 1935 Huntington Fitz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1927 to Feb. 17 1935

I last saw him alive on Feb. 16 1935 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7 yrs.
Other contributory causes of importance:	
Mitral Insufficiency	1 wk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James A. Clarke M. D.

2-18-35 (Address) 1 Med. Arts Bldg

H. D. P. 1268-9

F 09805

09805 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1302 Linden Avenue St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE CUNNINGHAM

(a) Residence: No. 1302 Linden Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of :::::

DATE OF BIRTH (month, day, year) Oct. 26, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. abode

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Edward Cunningham

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Brady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Maria Cunningham

(Address) 1302 Linden Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Feb. 20, 1935

19. UNDERTAKER Chas R. Davidson

(Address) 115 West Lafayette Ave

19 Registrar.

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18-35 19

22. I HEREBY CERTIFY, That I attended deceased from March 10 to July 18 = 35

I last saw her alive on July 17 = 35 Death is said to have occurred on the date stated above, at 5:25 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Feb 14, 35

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas W. Leonard M. D.

(Address) 1327 Park Ave.

H. D. P. 1203-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 09806

9806

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1331 N. 41 st. St., 13 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Comfort Ann Beebe

(a) Residence: No. 1331 N. 41 st. St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John N. Beebe

7. DATE OF BIRTH (month, day, year) July 28-1846

8. AGE: Years 88 Months 6 Days 19 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME OF FATHER John Park

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME OF MOTHER Sallie Shields

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Mrs. Alma Ogrig

(Address) 1331 N. 41 st. St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Feb. 20. 1935

UNDERTAKER Horace H. Burgee

(Address) 3631 Falls Road

Registrar

FILED FEB 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 to Feb. 17 1935

Last saw her alive on Feb. 17 1935 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia

Contributory

Date of onset 1/14

Other contributory causes of importance: Senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emma J. Keech M. D.

(Address) 1331 N. 41 st. St.

F 09807

F 09807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Th.) St., 10-Y Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Bailey

(a) Residence: No. 1421 E. Madison st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 19, 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45		19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Jamaica

13. NAME Robert Bailey

14. BIRTHPLACE (city or town) (State or country) Jamaica

15. MAIDEN NAME Mary Nicholson

16. BIRTHPLACE (city or town) (State or country) Jamaica

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place M.T. Clinton Date Jul 18 1935

UNDERTAKER Peter F. Mc Cabe & Sons
(Address) 15-15 Mc Elderry St

FILED JUL 18 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1935 to February 8, 1935

I last saw him alive on February 8, 1935 Death is said to have occurred on the date stated above, at 11.10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M.W. Jacobson M. D.

(Address) Baltimore City Hospitals

9808 F 03808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. S. 3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Annie King.

(a) Residence: No. 1115 S. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	married.

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence

DATE OF BIRTH (month, day, year) 12/17/80.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54.	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Nines

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Husband
(Address) absent.

BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date Feb. 19 35

UNDERTAKER E. du B. Bryan
(Address) 1231 Orleans St

FILED 2 1935 19 Registrar.

MT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/9, 1935 to 2/15, 1935

I last saw her alive on 2/15, 1935 Death is said to have occurred on the date stated above, at 2 20/60 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Yates, M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

✓ F 09809

09809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH Howard Park T31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Wayne Ave. 28 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida A Baker

(a) Residence: No. 3014 Wayne Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of John Moses Baker

DATE OF BIRTH (month, day, year) Sept 11 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Margaret Ringrose

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr John Moses Baker
(Address) 3014 Wayne Ave

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 19 1935

UNDERTAKER Johnst Denny
(Address) 715 Light St

FILED Feb 19 1935 19... C. O. N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to Feb 15 1935

I last saw h[illegible] alive on Feb 15 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Int. Nephritis	1930
Myocardial Insuff.	1933
Edema & Lungs	1 day

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Homer L. Todd M. D.

(Address) 735 N. Fulton Ave

D. B 1268-9

9810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9810

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Frank Canning

(a) Residence: No. 345 W. 15th St. Harrisburg Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17-1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME OF FATHER James A Canning

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Anna Monkeing

16. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

17. INFORMANT J. Richardson

(Address) Steelton Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Harrisburg Date 2/18 35 19

19. UNDERTAKER Wallace Cook

(Address) 121 S. Paxton St.

20. Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile accident	

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 18 1935

Where did injury occur? Washington Blvd. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto Skull

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

AaCo. 5-31 2500

09811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 09811

CERTIFICATE OF DEATH

93 IV

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3024 Remington Ave St., 12-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Hopkins

(a) Residence: No. 3024 Remington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

DATE OF BIRTH (month, day, year) Nov 6 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) A.A.co (State or country)

13. NAME Alexander Hopkins

14. BIRTHPLACE (city or town) A. A. Co. (State or country)

15. MAIDEN NAME Rosanna Phelps

16. BIRTHPLACE (city or town) A. A. co. (State or country)

17. INFORMANT W. C. White Co

(Address) Laurel, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cov Hill Laurel Date 2-21, 1935

19. UNDERTAKER W. C. White Co

(Address) Laurel Md.

FILED B-19 1935, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 19 35 to Feb 18/35, 19

I last saw h... alive on ..., 19.., death is said to have occurred on the date stated above, at 3/45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: General Arteriosclerosis	
Acute Diarrhea (Senile)	24 hrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ..., M. D.

(Address) 108 E ...

F 09812

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09812

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Cochran

(a) Residence: No. 908 Forsuth Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 3-12-1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	—	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrow Point Md

10. Date deceased last worked at this occupation (month and year) 2-14-35

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William J. Cochran

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME M. Grace Reilly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs William J. Cochran

(Address) 908 Forsuth Ave

BURIAL, CREMATION, OR REMOVAL

Place Loy Green Date Feb 19-, 1936

UNDERTAKER Mary M. Bradford

(Address) 501 E 22nd St

FILED ... 19 ... Registrar.

19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-14-35, 19..., to 2-16-35, 19...

I last saw him alive on 2-16-35, 19... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	2-14
" Ruptured Pelvis	2-14
" Ruptured Liver	2-14

Other contributory causes of importance Fell of Ladder 30 ft.

Name of operation none Date of

What confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 2-14, 1935

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sparrows Point Md

Manner of injury Fall

Nature of injury Fract. Skull & Pelvis

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Stathers M. D.

(Address) Md. Gen Hosp

M. D. F. 1268 F 09813

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09813

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5401 Morello Road St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen E. Kelly

(a) Residence: No. 5401 Morello Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Kelly

DATE OF BIRTH (month, day, year) July 1855.

AGE Years	Months	Days	If LESS than
79	7	?	######

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Mc Mahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John J. Kelly

(Address) 5401 Morello Road.

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cem. Date Feb. 19, 1935.
Long Green Md.

19. UNDERTAKER George J. Fuhrman Son

(Address) 1735 Aisquith St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 25. 1933 to January 12. 1935

I last saw her alive on January 12. 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Aug 1933
Other contributory causes of importance:	
Cardiac Decompensation	Feby 16 1935

Name of operation none Date of no

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thomas B. Green, M. D.

(Address) 5543 Harford Rd Baltimore Md

M. D. P. 1268-9 F 09814 F 09814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH University Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emerson Gray

(a) Residence: No. 135 W. Barre St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

7. DATE OF BIRTH (month, day, year) Dec 10th 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME George W. Gray

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Gladys Ammons

16. BIRTHPLACE (city or town) (State or country) Petersburg Va

17. INFORMANT Mrs Annie Ammons
(Address) 137 W. Barre St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 20th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1935 to February 18, 1935
I last saw him alive on February 18, 1935 Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/27/35

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Helen I. Maguire M. D.
(Address) University Hospital

F 09815

M. D. P. 1605

F 09815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5735 Spencer Ave. Ward) 27

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Stephens

(a) Residence: No. 5735 Spencer Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Milton C. Stephens

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: over 82 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME of father: Robert Todd

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME of mother: unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Milton C. Stephens

(Address) 2321 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Ridge Date: 2/22, 1935

19. UNDERTAKER: J. M. Cook

(Address) 612 S. Fremont St

20. FILED: FEB 19 1935, By, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1935 to Feb 17, 1935

I last saw her alive on Feb 16, 1935 Death is said to have occurred on the date stated above, at 1:25 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2/10/35

Other contributory causes of importance:

Paralysis

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Sanno M. D.

(Address) 2 W. Read Street

M. D. F. 1268-P F 09816

F 09816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V207-F

1. PLACE OF DEATH University Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mateuse Lubin

(a) Residence: No. 1252 Glyndon Av. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Bugga Lubin

DATE OF BIRTH (month, day, year) July 18 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R Co

10. Date deceased last worked at this occupation (month, day, year) Feb 1935

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Tokushun Russia

13. NAME Alexandra McLubin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Elizabeth Sukowski

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Anastasia Lubin

(Address) 1252 Glyndon Ave

BURIAL, CREMATION, OR REMOVAL

Place Johns Date 2/19 1935

UNDERTAKER Hutson & Son

(Address) 1211 Druid St

FILED 2/19 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1935 to 2-16 1935

I last saw him alive on 2-16 1935 Death is said to have occurred on the date stated above, at 8 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peninsal laceration	2-16
Traumatic Shock	2-16

Other contributory causes of importance:

Name of operation B.P. 90/0 Date of X

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? acc. Date of injury 2-16 1935

Where did injury occur? B & O yard - Balto. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Thrown off electric [illegible]

Nature of injury Peninsal laceration [illegible]

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify On job when acc. occured

(Signed) Hugh C. McNally M. D.

(Address) University Hosp.

Engineer, M.D. Cert. 10

F 09817

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09817

CERTIFICATE OF DEATH

45-a

1. PLACE OF DEATH: Baltimore City Hospitals (Registered No.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: August Richstein

(a) Residence: No. 3249 Johns Lane

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 50?

BIRTHPLACE (city or town) (State or country): Steinstorm Pa

12. NAME: August Richstein

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Heppenstiel

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Western Date 2/19 19 35

UNDERTAKER: William Cook

(Address) 219 St Paul St

FILED 2/19 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 16. 1935

22. I, HEREBY CERTIFY, That I attended deceased from Feb 13 to Feb 16 1935

I last saw h/ alive on Feb 16 1935. Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

	Date (year)
Epithelioma - hip	1934

(Other contributory causes of importance)

Myocarditis Chronic ?

Name of operation: none Date of: no

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel H. Gross M. D.

(Address) Balto City Hosp

H. D. P. 1268-9

F 09818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09818

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Garrison Blvd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Ziegler

(a) Residence: No. 3503 Garrison Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Ida E. Ziegler

DATE OF BIRTH (month, day, year) Feb 1, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salt 66

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Chas Ziegler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary E. (Mekenson)

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Herbert F. Ziegler

(Address) 2308 Fulgrave Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 17 1935

19. UNDERTAKER Wm Rost

(Address) 1217 E Fort Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1935 to Feb 17 1935

I last saw him alive on Feb 17 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Feb 14

Other contributory causes of importance:

Cerebral Hemorrhage	Jan 1934
Angina Pectoris	

Name of operation Date of

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Semmes M. D.

(Address) 4309 Gelston Hgts

M. D. B. 1268-A F 09819

F 09819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6402 Old Harford St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Norton

(a) Residence: No. 6402 Old Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 20 1877?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 ?	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Richard C.

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Slade

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Richard Norton
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb. 20. 1935

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Rd.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 13. 1935 to Feb 18. 1935

I last saw h[illegible] alive on Feb 17. 1935 Death is said to have occurred on the date stated above, at 1152 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb 13 1935
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Benj. C. Long M. D.

(Address) 5304 Harford Rd

F 09820

M. D. B. 1938-9

F 09820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N. Castle St. St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James A. Kelly

(a) Residence: No. 820 N. Castle St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Kelly

DATE OF BIRTH (month, day, year) Aug. 4/1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. dock master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0084

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Palto. Md.

13. NAME Thomas Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Mc.Neal

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mary E. Kelly
(Address) 820 N. Castle St.

BURIAL, CREMATION, OR REMOVAL

Plat Redeemer Cem. Date 2/19.35 19

UNDERTAKER 5305 Harford Rd.
(Address)

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16/35 19

22. I HEREBY CERTIFY, That I attended deceased from Feb.10,1935 19 to Feb.16.1935 19

I last saw h im alive on Feb.16/35 19 Death is said to have occurred on the date stated above, at 4.30P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver. Duration about one year.	
Other contributory causes of importance: Pulmonary oedema. Eight hours.	

Name of operation None Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: NONE.

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, how?

(Signed) B V Kelly M. D.

(Address) 100 N. Linwood Ave.

F 09821

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09821

CERTIFICATE OF DEATH

122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1/2 Druid Hill St., 11 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Joseph Brown

(a) Residence: No. 1/2 Druid Hill Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	50		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Odd
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St Mary's Co Md
(State or country)

13. NAME Ambrose Brown

14. BIRTHPLACE (city or town) St Marys Co Md
(State or country)

15. MAIDEN NAME Aurelia Barnes

16. BIRTHPLACE (city or town) St Marys Co Md
(State or country)

INFORMANT Minnie Southerland
(Address) 1116 Madison Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 2-19- 1935

UNDERTAKER Jesse M. Redden
(Address) 436 W. Biddle St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

Feb 19 1935

17. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Intestinal Obstruction	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

Spec.—[illegible] F 09822 Blk.

F 09822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2412 N. Charles ST., 17 WARD)

2—FULL NAME Annie M. Knott

(a) RESIDENCE NO. 2412 N. Charles ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Knott

DATE OF BIRTH (month, day, and year) Oct 9-1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	4	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) 0037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Chester Pa

10 NAME OF FATHER Edward Crowther

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Maria Pendleton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant Mrs E. A. Albaugh

(Address) Catonsville Md

Filed 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 17th 1935

17 I HEREBY CERTIFY That I attended deceased from Dec 10th, 1934 to Feb 17th, 1935

that I last saw h[illegible] alive on Feb 17th 1935

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac dilitation
Pulmonary stasis.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Cardio Nephritis + Interstitial Nephritis (duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & Microscopic

(Signed) George H. Logan, M. D.

, 19 (Address) 78 W 25th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL Feb. 19 1935

20 UNDERTAKER Chas. E. Franck ADDRESS 802 Madison

F 09823

F 09823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3915 Belleview Ave St., 15 Ward)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? 80 yrs. 0 mos. 5 ds.

2. FULL NAME Ariadne Vaughan Latham

(a) Residence: No. 3915 Belleview Ave St., Ward. Richmond Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John S. Latham

6. DATE OF BIRTH (month, day, year): Sept-10-1854

7. AGE: Years 80 | Months 5 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Va

13. NAME: Dr. William R. Vaughan

14. BIRTHPLACE (city or town) (State or country): Richmond Va

15. MAIDEN NAME: Mary A. Smith

16. BIRTHPLACE (city or town) (State or country): Richmond Va.

17. INFORMANT: Mrs. Richard W. Cook

(Address) 3915 Belleview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Warrenton, Va. Date: Feb 20, 35 19

19. UNDERTAKER: Stuart & Brown Company

(Address) 108 W. North Ave

20. FILED 2-19-1935 Hunter [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18 35 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1935 to Feb. 18 1935

I last saw her alive on Feb. 18 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Broncho-Pneumonia	2/16/35

Other contributory causes of importance:

Pulmonary Edema

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Schumm M. D.

(Address) 1101 Harrison Blvd.

F 09824

M. D. H. 1268-9

824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred 1 yr. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Frohm

(a) Residence: No. 2207 E. EAGER St. S.T. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-6-1917

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Auto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME father Frohm

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Ernestine Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 21 1935

19. UNDERTAKER William G. Schaffer
(Address) 1116 E. Monument St.

FILED FEB 21 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-17 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb-9- 1935 to Feb-17 1935

I last saw him alive on Feb 17 1935. Death is said to have occurred on the date stated above, at 10 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute osteomyelitis of left ischium Staphylococcus albus	12 days
Other contributory ~~factors~~ of importance:	
Septicaemia Staphylococcus albus	7 days

Name of operation osteotomy Date of 2-12-35

What test confirmed diagnosis? operation & Blood

23. ~~Was~~ Were disease or external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robt. F. Wanten M. D.

(Address) Balto. City Hospt

M. D. B. 1268-9

09825 E 09825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1533 E Madison St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John W. Shelton

(a) Residence: No. 1533 E Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Victoria Shelton

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	appox 58	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

13. NAME Henry Shelton

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) St Mary's Co

INFORMANT Victoria Shelton

(Address) 1533 E Madison St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 2-20 1935

UNDERTAKER Robert F. Young

(Address) 202 N Caroline St

FILED ... 19... Registrar

2 19 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to Feb 17 1935

I last saw him alive on Feb 16 1935. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Ruptured) Lung Abscess	Probably 4 months

Other contributory causes of importance: Endocarditis (Mitral Lesion)

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Young M. D.

(Address) 1429 E. Monument St.

H. D. B 1268-9

F 09826

09826 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Jefferies

(a) Residence: No. 234 Dolphin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Chas Jefferies

DATE OF BIRTH (month, day, year) May 13 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	53	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Mary Sarah Jones

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Smith

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Chas Jefferies

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Pleasant Date 2-19-35

UNDERTAKER Robert Conway & Co

(Address) 804 N. Caroline St

FILED , 19 Registrar

EB 19 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16 - 35

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiac Insufficiency	
Nephritis	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Smith Coroner M. D.

(Address)

M. D. B. 1208-9 F 09827 F 09827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Montpelier St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella H. Kemp

(a) Residence: No. 1723 Montpelier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James T. Kemp

DATE OF BIRTH (month, day, year) June 30 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	7	17	16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William H. Higgins

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Mary Elizabeth Robbins

16. BIRTHPLACE (city or town) (State or country) Lancaster Co. Va

INFORMANT Mrs Mabel Johnson

(Address) 1723 Montpelier St

BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Feb 19 1935

UNDERTAKER Chas. S. Black

(Address) 742 N Fourth ave

FILED 19 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1935, to Feb 16, 1935

I last saw h[illegible] alive on Feb 16, 1935. Death is said to have occurred on the date stated above, at 4-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Feb 23

Other contributory causes of importance:

Chronic Endocarditis
Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alan T. B. Lemmon M. D.

(Address) 718 N. Patterson Park Ave

M. D. B 1268-9

F 09828

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09828

CERTIFICATE OF DEATH

V 46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5812 Halwyn Ave St., 27 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Jesse L. Fowler

(a) Residence: No. 5812 Halwyn Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie A. Hackett

DATE OF BIRTH (month, day, year) Dec 11/1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 038

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Fowler

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Houston

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date Feb 20. 1935

19. UNDERTAKER Chas. G. Black
(Address) 742 W. North ave

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum with	
pelvic metastasses	

Other contributory causes of importance:

Name of operation Resection Date of ... Nov 28/33

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 500 E Monument

FEB 1935

F 09829

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09829

CERTIFICATE OF DEATH

+V 139

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Tremper

(a) Residence: No. Fullerton, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of widowed

DATE OF BIRTH (month, day, year) Oct 9, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Leonard Tremper

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. M. Kraft

(Address) Fullerton Md

BURIAL, CREMATION, OR REMOVAL

Place St. Josephs Date Feb. 20 1935

UNDERTAKER Frank Loughlin & Son

(Address) 7431 Belair Rd.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1935 to February 17, 1935

I last saw h alive on February 17, 1935 Death is said to have occurred on the date stated above, at 9:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertrophy of prostate	
	Over
Other contributory causes of importance:	
1. Cerebral sclerosis	
2. Hypertension	
3. Chronic nephritis	

Name of operation Prostatectomy Date of 2-16-35

What test confirmed diagnosis? Opened & closed there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Mueller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 09830 F 09830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 N. Payson - St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William N. Hildebrand

(a) Residence: No. 112 N. Payson — St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or WIFE of): Rosa Keen Hildebrand

6. DATE OF BIRTH (month, day, year): AUG. 7. 1860

7. AGE: Years 74 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hampstead Maryland

13. NAME: Noah Hildebrand

14. BIRTHPLACE (city or town) (State or country): Carroll County Maryland

15. MAIDEN NAME: Nancy Hoffman

16. BIRTHPLACE (city or town) (State or country): Carroll County Maryland

17. INFORMANT: Rosa Keen Hildebrand
(Address) 112 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Feb 20. 35

19. UNDERTAKER: F. B. Tippett & Son
(Address) 1300 Eutaw Place

FILED: 2-19-1935 Huntington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1935 to Feb 17, 1935

I last saw him alive on Feb 17, 1935 Death is said to have occurred on the date stated above, at 1 - P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2/3/1935

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis: Clinical — was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. Wells Hemming M. D.

(Address) 7000 Harris Rd

F 09831 F 09831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 W. NORTH AVE. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN OTTO. KUSCHKE

(a) Residence: No. 2908 W NORTH AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	MARRIED

6. If married, widowed, or divorced: HUSBAND of (~~wife~~) of Mollie M Kuschke

7. DATE OF BIRTH (month, day, year) July 24-1888

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BAR TENDER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CALVERT HOTEL

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Riga Russia

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Mollie M. Kuschke

(Address) 2908 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Natural Cem Date Feb. 19/35

19. UNDERTAKER F. C. Hupert & Son

(Address) 1300 Eutaw Place

20. FILED Feb 19 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 9th 1935 to Feb 15 1935

I last saw him alive on Feb 15 1935 Death is said to have occurred on the date stated above, at 10.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/10/35
Other contributory causes of importance:	
Arterio Sclerosis	5/10/1928
Hypertension	2/10/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Drain M. D.

(Address) 1327 Madison

M. H. F. 09832 Krophauser F 09832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V/154

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Krophauser.

(a) Residence: No. Mountain Rd - Jacobsville A. Md Co Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

3a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Minerva C. Krophauser

6. DATE OF BIRTH (month, day, year) Jan 18th 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elkar Co

10. Date deceased last worked at this occupation (month and year) 1/28

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

13. NAME Frederick Krophauser

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) N.Y.

INFORMANT Mrs Minnie Krophauser

(Address) Pasadena Md.

BURIAL, CREMATION, OR REMOVAL

Place Moreland Pk Date 2/21 35

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 2 [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18- 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-8 1935 to 2-18 1935

I last saw him alive on 2-18 1935 Death is said to have occurred on the date stated above, at 4:15 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puncture Wound of finger	1927
Septicemia	1927
Chronic Osteomyelitis	1927

Other contributory causes of importance:

Name of operation Incision & drainage Date of 2-12-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 1927

Where did injury occur? Kitchen.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Residence.

Manner of injury Steel splinter in Index finger

Nature of injury Punctured wound of 1st index finger

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. L. Howard M. D.

(Address) University Hospital

M. D. R. 1209-3 E 09833

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09833

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3511 Denison Road St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hantner Richards.

(a) Residence: No. 3511 Denison Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry E. Richards

DATE OF BIRTH (month, day, year) March 7 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shepherdstown W Va

13. NAME OF FATHER William H Hantner

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

15. MAIDEN NAME OF MOTHER Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Hagerstown West Virginia

INFORMANT William H. Richards

(Address) Glyndon Md.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Feb 20" 35

UNDERTAKER Joseph L. Gill & Co

(Address) 1003 N. Eutaw St.

FILED Feb 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1935 to Feb 17 1935

I last saw her alive on Feb 17 1935 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Bronchopneumonia	Feb 12 1935
Other contributory causes of importance:	
Nephritis	? over

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E E Nichols M. D.

(Address) Parkville Md

M. D. B. 1268-A

F 09834

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09834

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Robinson

(a) Residence: No. 1434 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Richards ?

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lockard ?

16. BIRTHPLACE (city or town) (State or country) Penn

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date Feb 20 1935

UNDERTAKER John W Henderson

(Address) 1200 E Monument St

FILED ... 19... ... Registrar.

31035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1935 to Feb 17 1935

I last saw her alive on Feb 16 1935 Death is said to have occurred on the date stated above, at 4:32 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Diabetes Arteriosclerotic	?
Diabetes Mellitus	?
Other contributory causes of importance: Arteriosclerosis. General	?

Name of operation Amputation - toe Date of 2/14/35

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel H Good M. D.

(Address) Balto City Hospitals

F 09835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09835

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 W. Hamburg St. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME Annie M. Lee. (C)

(a) Residence: No. 423 W. Hamburg St. St., ---- Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If ~~XXXX~~ widowed, ~~XXXXXX~~ (or) WIFE of ~~XXXXXXXX~~ Nat. Lee. (C)

7. DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	63	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT William O. Lee. (C) son.

(Address) 184 W. Hamburg St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 2/20/ 1935

UNDERTAKER Frances A. Templey

(Address) 578 W. Biddle St.

FILED ---- 19---- ----
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 17, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ---- 19---- to ---- 19----

I last saw h---- alive on ---- 19---- Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None Date of ----

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ---- Date of injury ---- 19----

Where did injury occur? ----
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ----

Manner of injury ----

Nature of injury ----

24. Was disease or injury in any way related to occupation of deceased? ----

(Signed) Otto M. Reinhardt M. D.

2/18/35 (Address) 1017 E. Charles St. Coroner

M. D. F. 1268-9

F 09836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09836

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Camilla Edwards.

(a) Residence: No. 1608 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Zacharia.

6. DATE OF BIRTH (month, day, year) 10/15/74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Johns Patterson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Brooks.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Husband
(Address) Above.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 2/19-35 19

19. UNDERTAKER Charles H. Burkett
(Address) 5-28 Lanvale St.

20. FILED 2/19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1935, to 2/15, 1935

I last saw her alive on 2/15, 1935 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchopneumonia	3 wks?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reyle, M. D.

(Address) Balto. City Hosp.

F 09837

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09837

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2604 Pierpont St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Ware

(a) Residence: No. 2604 Pierpont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/15/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

MOTHER FATHER

13. NAME Clarence Ware

14. BIRTHPLACE (city or town) Balto
(State or country) Md

15. MAIDEN NAME Mooneyham Cribb

16. BIRTHPLACE (city or town) SC.
(State or country)

17. INFORMANT Undertaker
(Address) 2604 Pierpont St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lebanon Date February 17, 1935

19. UNDERTAKER Joseph A. Loveless & Bro.
(Address) 1844 Mc Mechen Street

Funeral Director

20. FILED 2/19/1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/35

22. I HEREBY CERTIFY, That I attended deceased from 2/15/35, 19..... to 2/18/35, 19..... I last saw her alive on 2/18/35. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia (Primary)	2/15

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. S. Hewlett Lewis, M. D.

(Address) 912 Eutaw St

M. D. F. 1806 F 09838

✓ F 09838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-a-107a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle Smith Holmes

(a) Residence: No. 1127 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married (Common Law)

6. If married, widowed, or divorced
BUSBAND of (or) WIFE of John Holmes Husband

DATE OF BIRTH (month, day, year) Apr. 29-1915

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Allen Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Northumberland Co. Va. 2/19 1935

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Greatmanst

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb-6 1935 to Feb. 14 1935

I last saw her alive on Feb-14 1935. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal sepsis	8 days
Full term delivery	
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel T. Gant M.D.

(Address) Balto City Hospitals

F 09839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. F 09839

CITY OF BALTIMORE: (No.) ... St., 15 Ward) 48 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Jones

(a) Residence: No. 1308 N. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Jones

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joe Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date 2/19/35

UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1935 to Feb 15, 1935

I last saw him alive on Feb 15, 1935 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix uteri

Date of onset ?

Other contributory causes of importance: Broncho-pneumonia (Secondary)

2/13/35

Name of operation None Date of ...

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel H. Fox M. D.

(Address) Balto City Hospitals

F 09840

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09840

34-179-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 14 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Ball.

(a) Residence: No. 1915 Etting. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widowed

a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Howard.

DATE OF BIRTH (month, day, year) 10/2/80.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46.	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Henry Ball.

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) .

17. INFORMANT Mary Tucker (daughter) above.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/19 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1323 Eastern Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/12 1935 to 2/16 1935

I last saw her alive on 2/16 1935 Death is said to have occurred on the date stated above, at 7 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, intestinal group	1wk
B bacteriae.	3wks.
Decubitus ulcer.	
Other contributory causes of importance:	
Tumor of Spinal cord ?	5 mo.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto. City Hosp.

F 09841

F 09841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Brown.

(a) Residence: No. 524 N. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored.

5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~ Widowed.

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nathaniel.

7. DATE OF BIRTH (month, day, year): 4/8/1874.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60.	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: John Turner

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Rebecca Harris

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Records Bd H

(Address)

17. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb. 19. 1935

18. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Pressman St.

19. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/14. 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/23. 1934. to 2/14. 1935

I last saw h[illegible] alive on 2/14. 1935 Death is said to have occurred on the date stated above, at 1 30 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency & congestive failure. — Date of onset: 1 mo.

Hypertension

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Ryte M. D.

(Address) Balto. City Hosp

M. Dept. 12

F 09842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1312 W. Fayette St., 19 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lillie A. Gross Malone
(a) Residence: No. 1312 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Malone

7. DATE OF BIRTH (month, day, year): Mar 14 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md
13. NAME: Harry Gross
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Mary Trupp
16. BIRTHPLACE (city or town) (State or country): Md
17. INFORMANT: Charles Malone
(Address): 1312 W. Fayette St
18. BURIAL, CREMATION, OR REMOVAL
Place: Hill Mt. Calvary Date: Feb 19, 1935
19. UNDERTAKER: Mrs Katie R. Williams
(Address): 3222 Edmondson Ave.

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1934 to Feb. 16 1935
I last saw her alive on Feb. 16 1935 Death is said to have occurred on the date stated above, at 5:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease.	1934

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was one to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Bell M. D.
(Address) 913 N. Bruce St

F 09843

F. D. File F 09843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St. 18 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Underwood.

(a) Residence: No. 210 Rock. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dalin.

DATE OF BIRTH (month, day, year) 8/22/89

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

13. NAME Hardy Anderson.

14. BIRTHPLACE (city or town) (State or country) North Carolina.

15. MAIDEN NAME Harriett Hayes.

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Harriett Arca.
(Address) 210 Rock St.

18. BURIAL, CREMATION, OR REMOVAL
Place Wallace, N.C. Date Feb. 19, 1935

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Edmondson st.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/4, 1935 to 2/15, 1935

I last saw her alive on 2/15, 1935 Death is said to have occurred on the date stated above, at 4.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	1 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reuter, M. D.

(Address) Balto. City Hosp.

H. D. B. 1268-0

F 09844

09844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Catalpa ave St., 25 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Ellison

(a) Residence: No. 1202 Pine Heights ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 2-17-35

8. AGE Years	Months	Days	If LESS than 1 day, 5 hrs. or 42 min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wilbur W. Ellison

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

15. MAIDEN NAME Anna Florence Rechter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna F. Ellison

(Address) 1202 Pine Heights ave. Balt

18. BURIAL, CREMATION, OR REMOVAL

Place St Agnes Hosp. Grounds Date 2-18-, 1935

19. UNDERTAKER

(Address)

20. FILED FEB 18 1935, 19..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-17-, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1935 to Feb. 17, 1935 Death is said I last saw her alive on to have occurred on the date stated above, at 5:42 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	
Other contributory causes of importance: ATELECTASIS	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Neyley, M. D.

(Address) St. Agnes Hospital

M. D. F. 1263-9

F 09845

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09845

CERTIFICATE OF DEATH

173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Walker

(a) Residence: No. 1835 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Carolina
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Cora Nelson
(Address) 1835 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Feb. 20, 1935

19. UNDERTAKER Peter F. Williams
(Address) 1515 The Alderry Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage-pistol shot wound	
of abdomen vessels	Feb 15/

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury ..... 19 .....

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1835 Orleans St

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Lacy, M. D.
Coroner

(Address) 508 E Fayette

M. D. Blanks 1-09846

HEALTH DEPARTMENT—CITY OF BALTIMORE

E-09846

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 S Belnord Ave. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Jagielski

(a) Residence: No. 628 S. Belnord Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Jagielski

6. DATE OF BIRTH (month, day, year) Feb. 1. 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	0	15/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER'S MAIDEN NAME

13. NAME Kwoka

14. BIRTHPLACE (city or town) Poland
(State or country)

FATHER'S NAME

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Joseph Jagielski
(Address) 628 S. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus C. Date 2/21/34 19

19. UNDERTAKER Wm. S. Tkaczewski
(Address) 2007 Eastern Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10. 1935. to Feb. 17. 1935.

I last saw her alive on Feb. 17. 1935 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	2-10-35
Other contributory causes of importance: Acute tonsilitis dilation	2-16-35

Name of operation ... Date of ...

What test confirmed diagnosis? P.S.A.S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John V. Dzierzbicki M. D.
(Address) 1802 Eastern Ave.

M. D. R. 1268-9

~~19847~~ F 09847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-3

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Phillips

(a) Residence: No. 909 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) 10-2-98

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

FATHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Feb 21st 1935

19. UNDERTAKER Thos Bond & A. Elliott
(Address) 1129 Baroline st

20. FILED ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1935 to Feb 17, 1935

I last saw her alive on Feb 17, 1935 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	2/12/35
Post operative pneumonia	2/14/35
Massive collapse of lung	2/17/35

Other contributory causes of importance:

Name of operation Resection trans. colon Date of 2/13/35

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. H. Bruce M. D.

(Address) Johns Hopkins Hosp.

H. D. B. 1268-9

F 09848

09848 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 18 48

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lizzie Mary Burke

(a) Residence: No. 1029 Druid Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, divorced (or) WIFE of: John Burke

DATE OF BIRTH (month, day, year): June 15 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 0037

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Charles Hawkins

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Ella Gardner

16. BIRTHPLACE (city or town) (State or country): Baltimore

INFORMANT: Hospital Records (Address)

BURIAL, CREMATION, OR REMOVAL: Place Mt Peace Date Feb 20 1935

UNDERTAKER: James E. Whitelaw (Address) 700 N Caroline St

FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1935 to Feb 16 1935

I last saw her alive on Feb 15 1935 Death is said to have occurred on the date stated above, at 12:30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Car Cinoma of Cervix & Uterus	?
Other contributory causes of importance: Nephritis Chronic	?

Name of operation: Exploratory 1934

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Good M. D.

(Address) Balto City Hospitals

M. D. 1268-9

✓ F 09849

09849

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Burnett.

(a) Residence: No. 719 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Benj.

6. DATE OF BIRTH (month, day, year): 5/4/98.

7. AGE — Years: 36. Months: Days: 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ~~housewife~~

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME of father: T. Banks

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME of mother: Sarah Parker.

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Husband

(Address): absent.

18. BURIAL, CREMATION, OR REMOVAL. Place: [illegible] Date: Feb. 21 at [illegible] 1935

19. UNDERTAKER: Thomas E. Wright

(Address): 708 Carrollton Ave

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/14, 1935 to 2/17, 1935

I last saw her alive on 2/17, 1935 Death is said to have occurred on the date stated above, at 1.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Syphilis, meningitis~~	~~5 day~~
Meningitis, etiology unknown.	5 days
Tumor of hypophysis (?)	5 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Roland Rich M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

09850

F 09850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Macek

(a) Residence: No. 319 S. Wolfe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Macek

7. DATE OF BIRTH (month, day, year) May 28 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Checko-Slovacka

13. NAME John Jonoziki

14. BIRTHPLACE (city or town) (State or country) Checko Slovakia

15. MAIDEN NAME Rose Chopa

16. BIRTHPLACE (city or town) (State or country) Checko Slovacka

17. INFORMANT Paul Macek

(Address) 319 S Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Feb 20, 1935

19. UNDERTAKER Lilly & Zeilenhofer

(Address) 403 S Wolfe St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1.08 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Arterial Hypertension	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B. 1268-9

F 09851

09851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. D

CITY OF BALTIMORE: (No. ? St., 76 Ward) 46 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

2. FULL NAME Sophie Rock

(a) Residence: No. 3501 Federalton Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND (or) WIFE of William W Rock

7. DATE OF BIRTH (month, day, year) Jan 16, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER M. Gutsabyger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Margaret Rosel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Feb 20 1935

19. UNDERTAKER Kelly & Zeiler
(Address) 403 S Monroe

20. FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to Feb 16 1935

I last saw her alive on Feb 16 1935 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance: Myocarditis Chronic	?

Name of operation None Date of operation None

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H Grant M. D.

(Address) Balto City Hosps

M. D. B. 1268-9

F 09852

09852 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 124-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Foster ave St., 76 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Frisch Sr

(a) Residence: No. 1 Essex Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Frisch

7. DATE OF BIRTH (month, day, year) Feb 7 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	11	29	18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Frisch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs George Martenhagen

(Address) 3709 Foster ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenhurst Date Feb 21 1935

19. UNDERTAKER Lilly & Zeiler

(Address) 423 Gilmor St.

FILED Feb 19 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/16/35, 19..., to 11/18/35, 19...

I last saw h.. alive on 11/18/35, 19... Death is said to have occurred on the date stated above, at 1:32, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertrophic hepatic cerrhosis	
Arteria sclerosis	
Angina pectoris	
Myocarditis	
Other contributory causes of importance; Cardiac failure	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 633 - S - Conkling

M. D. B. 1268-9

09853 E 09853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 536 S Ann St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bercha Rowlens

(a) Residence: No. 536 S Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martin Rowlens

7. DATE OF BIRTH (month, day, year) 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Martin Rowlens

(Address) 536 S Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb. 22 '36

19. UNDERTAKER Lilly & Gilbert

(Address) 405 S Wolfe

FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D P Berg M D M. D.

(Address) 1305 N Patterson Park Ave Coroner

✓ F 09854

M. D. B. 1268-9

09854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St., General Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Agnes Coleman

(a) Residence: No. 409 S. Monroe St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Coleman

6. DATE OF BIRTH (month, day, year) July 7, 1893.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John J. Shelley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret E. Howard

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT William H. Coleman
(Address) 409 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Stone Chapel Date Feb. 21, 1935

19. UNDERTAKER Frank F. Mitzel
(Address) 4101 Reisterstown Rd.

Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 11, 1935 to Feb. 18, 1935 I last saw h alive on Feb. 18, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Postoperative)	
Central Junction (Cost of Ileum)	3 days Previous

Other contributory causes of importance:

Fibromyoma uteri
Hydrothorax Anuria

Name of operation Laparotomy Date of 2/14/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Lee K. Cozine M. D.

(Address) 13. 714

M. D. H. 1268-9

09855 ✓ F 09855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Woman's Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 35 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Marie H. Williams

(a) Residence: No. 728 Northern Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced (or) WIFE of Mr. Frank Leslie Williams

7. DATE OF BIRTH (month, day, year) June 29, 1899

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
35	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros.

10. Date deceased last worked at this occupation (month and year) 1934

11. (How long (years) spent in this occupation) 6 mo

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME George Heinicken

14. BIRTHPLACE (city or town) (State or country) U.S.A.

15. MAIDEN NAME Olga Hannel Wiesemann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Leslie Williams

(Address) 52 North Wyoming St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 22 1935

19. UNDERTAKER (Name) The Funeral Directors

(Address) North & Paines

FILED Feb 22 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1935 to Feb. 19, 1935

I last saw he alive on Feb 19, 1935 Death is said to have occurred on the date stated above, at 2 47 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis secondary to appendicitis	Feb 12, 1935

Other contributory causes of importance: None.

Name of operation { Salpingectomy, bilateral / Appendectomy } Date Feb 19, 1935

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Glenn Wilson Zeiders, M. D.

(Address) Hosp. for Women of Md. Baltimore, Md

M. D. B. 1268-9

09856 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 09856

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4311 Liberty Hts. Ave St. 28 Ward)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Connie Matilda ~~M~~ White
(If non-resident give city or town and State)

(a) Residence: No. 4311 Liberty Hts. Ave. St., Ward.
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James G. White

6. DATE OF BIRTH (month, day, year) Sept. 15, 1878

7. AGE: Years 56 | Months 5 mos. | Days 3 days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) 60
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Mr. Henry Baumback

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Discher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James G. White
(Address) 4311 Liberty Hgts

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 20, 1935

19. UNDERTAKER Wm. J. Tickner & Son
(Address) [illegible]

FILED 3 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from October, 1933, to Feb. 18, 1935.
I last saw her alive on Feb. 17, 1935. Death is said to have occurred on the date stated above, at 7.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Rheumatic Cardio Vascular Disease with mitral incompetency & auricular fibrillation	10 yrs. (?)
Other contributory causes of importance:	
(1) Chronic Nephritis	1 yr.
(2) Old Cerebral Thrombosis	2½ yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Earl de Roy Chambers M. D.
(Address) 4807 Liberty Hts. Ave.

09857 STATE OF MARYLAND—CERTIFICATE OF DEATH

X F 09857

1. PLACE OF DEATH

County In route from Laurel to Balto. Registration Dist. No. 4

Village or City ... No. 109 St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BARBARA ANN JONES

(a) Residence: No. Savage Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	SINGLE.

6. If married, widowed, or divorced

~~HUSBAND'S~~ of

(or) ~~WIFE'S~~ of

DATE OF BIRTH (month, day and year) Nov 4 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	14	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.

(State or country)

13. NAME Wm A. Jones

14. BIRTHPLACE (city or town) Md.

(State or country)

15. MAIDEN NAME Delmer Nolan

16. BIRTHPLACE (city or town) Conn.

(State or country)

INFORMANT Wm A Jones

(Address) Savage

BURIAL, CREMATION, OR REMOVAL Place Savage Md Date Feb. 20, 35

UNDERTAKER Todd Kquire

(Address) Laurel Md.

FILED ... 19 ... Registrar.

O.K. Eugene Jeffers, M.D. Coroner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH FEB (Month) 18 (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw her alive on DEAD 2-18 1935, death is said to have occurred on the date stated above, at 11:30 p.m. (ABOUT)

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Probable Pneumonia, The Child had been Treated By Dr Warren of Laurel. Died en route from Laurel to Omens, Resp.

Date of onset

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Hugh B. H. Valley Coroner Jasper M. D.

(Address) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1968-9

✓ F 09858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D 09858 Surg

122-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kenneth Watts Buenos Aires S. A.

(a) Residence: No. 185 Paseo Colon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): ~~married~~ Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: ~~unknown~~

7. DATE OF BIRTH (month, day, year): July 22 1890

8. AGE: Years 44 | Months 6 | Days 2 7 6 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mining Engineer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): California

13. NAME of Father: John H Watts

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME of Mother: Charlotte Sweedy

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Cem. Md. Date Feb. 20, 1935

19. UNDERTAKER: John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED Feb 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1935 to Feb 18, 1935.

Last saw him alive on Feb. 18, 1935 Death is said to have occurred on the date stated above, at 5 ½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	1934
Acute intestinal obstruction	2-12-35
Peritonitis	2-17-35

Other contributory causes of importance:

1) laparotomy + freeing adhesions.

Name of operation 2) Cecostomy Date of 2-14-35

What test confirmed diagnosis? Was there an autopsy? H

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

09859 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 09859

CERTIFICATE OF DEATH

94B Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. E. E. - Hill St. 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna K. Jaeger

(a) Residence: No. 8, East Hill St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Jaeger

6. DATE OF BIRTH (month, day, year) Oct 29/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dressmaking

10. Date deceased last worked at this occupation (month and year) 2wks.

11. Total time (if known) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Conrad Darsch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Hertlein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Myrtle Jaeger

(Address) 8 E Hill St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feb 20 . 1935

19. UNDERTAKER John F. Degen

(Address) 715 Lee St.

20. FILED FEB 19 1935 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14. . 1935 . to Feb 17 . 1935

I last saw h alive on Feb 16 . 1935 . Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	Several years
Other contributory causes of importance:	
Coronary Thrombosis	1 day
Acute Follicular Tonsilitis	3 days

Name of operation not any Date of ✓

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ . 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ✓

(Signed) W. B. Burton . M. D.

(Address) 301 E. Eager St

M. D. F 1268-9

09860 F 09860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 207-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto Lie Baun

(a) Residence: No. Quarterfield Rd. A. A. Co. Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 10 - 1918

7. AGE: Years 16 | Months 9 | Days 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Frd. Lie Baun

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Minnie Deichgräber

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs M. Liebaun

(Address): aa. co. Md.

18. BURIAL, CREMATION, OR REMOVAL: A A Co. CEMETERY

Place DEICHGREBER HOME Date Feb 21, 1935

19. UNDERTAKER: John F. Denny

(Address): 715 Light St.

FILED 2 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 17 - 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by W B & A train	2/17/35

Other contributory causes of importance:

Compound fracture of Skull

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2-17, 1935

Where did injury occur? Baumgartner Rd. A A Co Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public place

Manner of injury: Struck by train

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Zillert M. D.
Coroner

(Address) 2139 Eastern Ave

M. D. F. 1203-9

09861

F 09861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-ac

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1152 Nanticoke St. 71 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minerva N. Grimm

(a) Residence: No. 1152 Nanticoke St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John A. Grimm

6. DATE OF BIRTH (month, day, year): Sept. 14 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Little Rock Arkansas

13. NAME: John Hudgins

14. BIRTHPLACE (city or town) (State or country): Arkansas.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ethel M. Jacobs.
(Address) 1152 Nanticoke St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 21, 1935

19. UNDERTAKER: Mrs. Chas. John W. Tenkel & Son
(Address) 601 W. Fayette st.

FILED: Hunter [illegible] Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-11, 1935, to 2-18-, 1935

I last saw her alive on Feb 18, 1935. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-5 35
myocarditis fibrosis	

Other contributory causes of importance:

Name of operation: Clinical findings

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 1112 Washington Blvd

M. D. R. 1268-9

(Marie Ellis) ✓ F 09862

09862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Ellis

(a) Residence: No. 612 Richmond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Ellis

7. DATE OF BIRTH (month, day, year) Jan 12, 1900

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belle Md

13. NAME Charles Kiel

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Brunner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Gerard Kiel

(Address) 613 Radnor ave

18. BURIAL, CREMATION OR REMOVAL

Place New Cathedral Date 2/20/35, 19

19. UNDERTAKER H. C. Fanning & Son

(Address) 426 Poplar Grove St.

FILED 19 1935 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1935 to February 16, 1935

I last saw her alive on February 16, 1935 Death is said to have occurred on the date stated above at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) L. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. P. 1268-9

09863

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 09863

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Linden Ave & Madison St. (Ward) 13

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Scott Lewis

(a) Residence: No. 1346 N. 41st. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced? (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 18, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	42	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock record clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Casualty Co

10. Date deceased last worked at this occupation (month and year) 8/35

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James M. Lewis.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Emily Bailey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date Feb 20 1935

19. UNDERTAKER Robert Lee Inc
(Address) 424 E Preston

FILED FEB 20 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1935 to Feb. 18, 1935

I last saw her alive on Feb. 18, 1935 Death is said to have occurred on the date stated above, at 2:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	Feb. 11
Acute gastric dilatation	2-17-35
Cardiac failure	2-17-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so,

(Signed) H. Proctor M D M. D.

(Address) 2nd Gen Hosp

M. D. P. 1268-9

09864

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09864

CERTIFICATE OF DEATH

V 131

Registered No. 09864

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Stamford Road St.) (Ward) 32nd

Length of residence in city or town where death occurred 1 yr. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Malone

(a) Residence: No. 604 Stamford Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary G. Malone

6b. DATE OF BIRTH (month, day, and year): Apr. 2, 1864

7. AGE — Years: 70 | Months: 10 | Days: 14 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): 1919

11. Total time (years) spent in this occupation: 20 yrs.

12. BIRTHPLACE (city or town) (State or country): Ellicott City Maryland

13. NAME: Edward E. Malone

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Catherine Fitzpatrick

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Mrs Edw E Malone

(Address) 604 Stamford Road.

17. BURIAL, CREMATION, OR REMOVAL: New Cathedral Cem.

Place: New Cathedral Date: 19 35

18. UNDERTAKER: Easton Sons

(Address) Ellicott City, Md.

19. FILED 19 H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Feb 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 26th, 1935 to Feb 16, 1935

I last saw him alive on Feb 16, 1935 Death is said to have occurred on the date stated above, at 10.50 A m.

The principal cause of death and related causes of importance were as follows:

Uraemia — Date of onset 2-2-35

Other contributory causes of importance:

Chronic Nephritis — ?

Chronic Prostatitis — ?

Arterio-sclerosis — ?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) George L. Wiseman M. D.

(Address) 4000 Edmondson Ave.

F 09865

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 09865

92-a

1. PLACE OF DEATH

Registration Dist. No. 13

County

Village or City Baltimore No. 1342 Weldon ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ida may Putman

(a) Residence: No. Weldon Ave. 1342 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Putman

6. DATE OF BIRTH (month, day, and year) april 9, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	71	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co (State or country) Maryland

FATHER

13. NAME Daniel Staufer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Jessie

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Raymond Putman (Address) Cockeysville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Hope Cem Baltimore md Date Feb. 22, 1935

19. UNDERTAKER L. W. Wright (Address) Walkersville Md.

20. FILED Feb 20 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 19 35 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 35 to Feb 19 35

I last saw h... alive on Jan 19, 1935; death is said to have occurred on the date stated above, at 6 15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	3 hrs
Other Contributory Causes of importance Mitral stenosis Arteriosclerosis hypertension	

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Vernon F. Kelly M. D.

(Address) 606 Hosmer Bldg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. F. 09866 F 09866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 506 E. North Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank J. C. Nicholson

(a) Residence: No. 506 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Myra D. Nicholson

6. DATE OF BIRTH (month, day, year) About 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor Plumbing & Heating

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Altoona Pa

MOTHER FATHER

13. NAME — Nicholson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Myra D. Nicholson

(Address) 506 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 20th 19 33

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15th 1932 to Feb. 18th 1933

I last saw h alive on Feb 18th 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerated stomach	
Prob Carcinoma of stomach.	
Other contributory causes of importance	
Malnutrition	
Arterio sclerosis	

Name of operation gastroenterostomy Date of July 5 1932

What test confirmed diagnosis Clinical Were any autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J M Boyer M. D.

(Address) 304 S. Wolfe St

M. D. P. 1268 E 09867 E 09867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 524 Radnor Ave St. 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie J. Kopper
(a) Residence: No. 524 Radnor Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ Wife of George Kopper Jr

6. DATE OF BIRTH (month, day, year) Sept 3rd 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Max Schoenwiesner
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Forst
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George Kopper Jr
(Address) 524 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Feb 21st 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to Feb 18 1935
I last saw her alive on Feb 18 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis, Chronic Interstitial Nephritis	Unknown 1 year
Edema of Lungs	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L. Mebalis M. D.
(Address) 6409 Belair Rd

M. D. F. 1269 F 09868 F 09868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 McKewin Ave St., Govans 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Catherine Hellwig

(a) Residence: No. 703 McKewin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed, Divorced~~ (write word): Widowed

6a. ~~Husband of~~ ~~Wife of~~ (write word): Henry O. Hellwig

6. DATE OF BIRTH (month, day, year): Feb 7th 1865

7. AGE: Years 70 | Months 0 | Days 11/11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Henry Wagner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Miller

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Margaret E. Hellwig
(Address) 3401 E. White Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 21st 1935

19. UNDERTAKER: Wm Cook
(Address) 127 St Paul St

FILED DEC 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1935 to Feb 18 1935

I last saw her alive on Feb 18 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pneumonia or Lung — Date of onset 1934

Other contributory causes of importance: Chron Myocarditis — 1932

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19 .

Where did injury occur none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes - If so, specify

(Signed) T. F. Cordy M. D.

(Address) Harford Rd & Glenmore Ave

M. D. P. F 09869 F 09869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 734 E 36th St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Knight

(a) Residence: No. 734 E. 36th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or Wife of)~~ Lillian D. Knight

6. DATE OF BIRTH (month, day, year) Feb 1st 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 5/30

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME of Father Knight

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME of Mother Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Lillian Safranek

(Address) 734 E. 36th St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 21st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ~~, 19~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25 1933 to Feb 18 1935

I last saw h~~im~~ alive on February 16 1935 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931 [?]
Other contributory causes of importance:	
Angina Pectoris	7/14/33

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John S. Fraley M. D.

(Address) 3622 Greenmount Ave

M. D. B. 1288-9

F 09870

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09870

CERTIFICATE OF DEATH

46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1053 Harford Ave St., 10 Ward)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Gormanly

(a) Residence: No. 1053 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Margaret M. J. Gormanly

6. DATE OF BIRTH (month, day, year) July 31st 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman N.C.K.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal Warehouse

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Gormanly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget O'Hara

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret M. J. Gormanly

(Address) 1053 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem Date Feb. 22, 1935

19. UNDERTAKER Edward M. Caughlin

(Address) 1101 Eutaw Pl

Feb 22 1935, 19 4, C Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19th, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12 noon m

The principal cause of death and related causes of importance were as follows:

Carcinoma of Oesophegus — Date of onset

Other contributory causes of importance:

Name of operation Gastrostomy Date of 1/31/34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

M. D. F. 09871 F 09871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Fayette & Gilmor St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Mason Gist

(a) Residence: No. 925 Hollins St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Oliver Drury

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hilda Armstrong

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Oliver Drury
(Address) 925 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 2/20 1935

19. UNDERTAKER Jno. Cowan & Son
(Address) 9a Hollins St.

FILED 21935 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febr 19 1935

22. I HEREBY CERTIFY, That I attended deceased from February 15 1935 to Febr 19 1935

I last saw him alive on Febr 19 1935 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	?
2. Primary acute Meningitis	2/18/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leon Cohen M. D.

(Address) West Balto Hosp 1600

M. D. B. 1368-9

F 09872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Boyle St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry F. White

(a) Residence: No. 1508 Boyle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Murphy

6. DATE OF BIRTH (month, day, year) Aug 6 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	43	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry White

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Wolfe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Anna White

(Address) 1508 Boyle St

18. BURIAL, CREMATION, OR REMOVAL Date Feb 23 19 35

Place Cedar Hill Cemetery

19. UNDERTAKER Chas. A. Stevens & Bro.

(Address) 1701 Pennsylvania Ave

20. FILED 3 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1935

22. I HEREBY CERTIFY, That I attended deceased from 7 - 20 1934 to 2 - 20 1935

I last saw him alive on 2 - 20 1935. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931
Acute Lobar Pneumonia	1934
	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. A. Ford M. D.

(Address) 707 E. Fort Ave.

M. D. F. 1268-9 F 09873 F 09873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthone Levchuk.

(a) Residence: No. 1108 Hubbard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day, year) 1/7/95.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40.	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Stefan

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Records - Bolt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Rd. Date Feb 22 1935

19. UNDERTAKER Chas. L. Krause
(Address) 1501 E. Fort Ave.

20. FILED 2-20-1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17/1935

22. I HEREBY CERTIFY, That I attended deceased from 2/1/1935 to 2/17/1935

I last saw h- alive on 2/17/1935 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Myocardial insufficiency & congestive failure.	5 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto. City Hosp.

M. D. B. Form 3

F 09874

F 09874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Morris St., 11-F Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jas. Wm. Dockins

(a) Residence: No. 915 Morris St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Dockins

6. DATE OF BIRTH (month, day, year) 1883

7. AGE — Years 57 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis

13. NAME Wm Dockins

14. BIRTHPLACE (city or town) (State or country) Annapolis

15. MAIDEN NAME mulatto

16. BIRTHPLACE (city or town) (State or country) A [illegible] Co Md

17. INFORMANT Jas Wm. Dockins

(Address) 915 Morris

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cemetery Date Feb 21 1935

19. UNDERTAKER Joseph Talbert & Edmund Gilliard

(Address) 925 [illegible]

20. FILED FEB 20 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17 CC 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chronic Rheumatism	2 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Polk Coroner M. D.

(Address) Coroner

F 09875

M. D. P. 1268-9

F 09875

29549

HEALTH DEPARTMENT—CITY OF BALTIMORE

J 34

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 16 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Franklin

(a) Residence: No. 1135 N Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NC.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Edna Flanders

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem. Date feb 20 1935

19. UNDERTAKER Adolphus Halstead
(Address) 922 Druid Hill Ave.

20. FILED FEB 20 1935, 19 Hunter ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1935, to Feb 16, 1935

I last saw her alive on Feb 16, 1935 Death is said to have occurred on the date stated above, at 340 A m.

The principal cause of death and related causes of importance were as follows:

Staphylococcus Aureus Septicaemia — Date of onset
Miliary Abscesses of Liver

Other contributory causes of importance:

Rheumatic heart disease
Mitral Stenosis + Insufficiency
Syphilis, Chronic Salpingitis

Name of operation ... Date of ...

What test confirmed diagnosis? Bl Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Carmichael Leftwich, M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 09876

09876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 W. Conway St. 27 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Emma West Robinson

(a) Residence: No. 423 W. Conway St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Robinson

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Iron Robinson (Son)
(Address) 423 W. Conway St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Feb 20 1935

19. UNDERTAKER Joseph A. Lively
(Address) 409 N. Mount Street

FILED FEB 20 1935 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance:	

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
How specify

(Signed) Eugene Feller M. D.

(Address) 2739 Eastern Ave

M. D. B. 1268-9

F 09877

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09877

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Glenmore Ave St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nettie Taylor - Mitchell

(a) Residence: No. 3101 Glenmore ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Mitchell Taylor.

6. DATE OF BIRTH (month, day, year) April 10 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 857

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James B. Taylor

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Eliza J. Munkus

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Lena Bond

(Address) 3101 Glenmore ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Feb 14 1935

19. UNDERTAKER George W. Zurkler

(Address) 1757 E Eager St

Registered

FEB 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/35

22. I HEREBY CERTIFY, That I attended deceased from June 2/35, 19... to Oct 18, 1935. Death is said

I last saw ... alive on Oct 18, 1935, at 1 a m.

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	7/10/35
Other contributory causes of importance: Edema Legs	1935

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Gray M. D.

(Address) 672 W. Lanvale

F 09878

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09878

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Aisquith St., 5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucinda Harris

(a) Residence: No. 207 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME Harvey Johnson

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Williams
(Address) 207 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Brewer Hill Date Feb 20, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Monroe St

FILED FEB 20 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-8-, 1935, to 2-16-, 1935. I last saw h.. alive on 2-15-, 1935. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-8-35

Other contributory causes of importance:
Chronic Valvulitis

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No ..... If so, specify .....

(Signed) H. E. Davis, M. D.

(Address) 611 N. Lanvale

M. D. P. 1268-9

F 09879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09879

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amy Segal.

(a) Residence: No. 1101 Brewer St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/25/08.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. >

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Randall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nattie Bonsell.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lucille Segal (sister) (Address) above.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 2/21/35 19

19. UNDERTAKER Mrs. Jorge H. Holland & Son (Address) 16 [illegible] Funeral Directors

20. FILED 2-25 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/12 1935 to 2/18 1935.

I last saw her alive on 2/18 1935 Death is said to have occurred on the date stated above, at 4 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	1 mo.
Pulmonary tuberculosis	1 mo.

Other contributory causes of importance:

Name of operation Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Calvert A Taylor M. D.

(Address) Balto. City Hosp.

M. D. B 1268-9

F 09880

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09880

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 Madison Ave St., 11 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura D. Blackwell

(a) Residence: No. 1204 Madison Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1866 -

7. AGE: Years 69 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 8010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Stafford Co Va

13. NAME: John W. Bradford

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Ruth B. Farmer

16. BIRTHPLACE (city or town) (State or country): Ruth B. Farmer Md

17. INFORMANT (Address): 1033 N. Lanvale

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 2/20/35 19

19. UNDERTAKER: Mrs. George A. Holland (Address): 1031 Druid Hill Ave

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 18 th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
5 Days	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Funk Coroner, M. D.

(Address) ...

M. D. P. 1268-9

F 09881

F 09881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ x 34 II

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., Balto. Md. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.. mos. 10 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William Mosby

(a) Residence: No. Caledonia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith

6. DATE OF BIRTH (month, day, year) ? 1881 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

MOTHER FATHER

13. NAME Henry Mosby

14. BIRTHPLACE (city or town) (State or country) Cumberland Md. Va.

15. MAIDEN NAME Fannie Jackson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Edith Mosby
(Address) 662 Newkirk Ave Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Mitchellville Md. Date 2/21/35

19. UNDERTAKER Mrs. George E. Holland
(Address) 1631 Pennsylvania Ave

FILED 2/21/1935, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934, to Feb 15, 1935

I last saw him alive on Feb 15, 1935 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	15 yrs ago
Decompensated Syphilitic aortic insufficiency	Nov 1934

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical-Wass. + E.K. + Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None, 19..

Where did injury occur? None.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None.

How did injury occur? None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) D. D. Caples, M. D.

(Address) Univ. Hosp. City

M. D. P. 1908-9

F 09882

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09882

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St agnes Hospital Wilkens & Caton aves 25 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hohrein

(a) Residence: No. Winans ave, Halethorpe St. Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) [redacted] of Lydia Hohrein

6. DATE OF BIRTH (month, day, year) June-16-1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER

13. NAME George Hohrein
14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

17. INFORMANT Henry Frank Tanner
(Address) Winans Ave - Halethorpe Md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Feb-20 1935

19. UNDERTAKER John C Miller
(Address) 2435 E Oliver St

Feb 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb-14 1935 to Feb 18 1935
I last saw him alive on Feb 18 1935 Death is said to have occurred on the date stated above, at 9 03 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Traumatic rupture Rectum	6 days
Peritonitis	4 days
Paralytic Ileus	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl G Herkel M. D.

(Address) St Agnes Hosp

M. D. P. 1269-9

F 09883

F 09883 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Harlem ave St. 6 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Ella Mieler

(a) Residence: No. 2014 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John B. Mieler

6. DATE OF BIRTH (month, day, year) Jan. 3, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown, Md.

FATHER

13. NAME Unit Angel Garrett

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary E. Apsley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Carrie Crossley
(Address) 2014 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lowerdes Park Date Feb. 21, 1935

19. UNDERTAKER Roland L. Forbert
(Address) 620 N. Fayette St.

FILED 1935 Feb 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 2, 1935 to Feby 19, 1935

Last saw her alive on Feby 17, 1935 Death is said to have occurred on the date stated above, at 3300 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/19/35
Arterio Sclerosis	1932

Other contributory causes of importance:

Diabetes	1933

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill M. D.

(Address) 108 N Fulton Ave

S. D. B. 1768-9

F-09884

HEALTH DEPARTMENT—CITY OF BALTIMORE

09884

CERTIFICATE OF DEATH

93-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Aliceanna st, Rear, 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... da.

2. FULL NAME Catherine Zadroga

(a) Residence: No. 1904 Aliceanna St, Rear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: ~~WIFE~~ WIFE of The Late Matthew Zadroga

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 84 yrs				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor in Packing House's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 076

10. Date deceased last worked at this occupation, (month) (year) Summer 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Martin Naparstek (Landlord)

(Address) 1904 Aliceanna Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Cem. Feb 21/35 1935

19. UNDERTAKER George A. Weber

(Address) 705 South Ann Street

Funeral Director.

20. FILED FEB 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19-1935

22. I HEREBY CERTIFY, That I attended deceased (over) ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Senility	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify how

(Signed) B. Peterson M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B 1268-9

09885 F 09885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St. 15 Ward)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Hack

(a) Residence: No. 1522 N. Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora Hack

6. DATE OF BIRTH (month, day, year) July 4 - 1894.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

13. NAME Louis Hack

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fannie Hack

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT J. S. Hack
(Address) 1711 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL Date 2/20/35
Rosering Run

19. UNDERTAKER Jos. Levenson
(Address) 1432 E. Baltimore St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Feb 20 1935
Other contributory causes of importance: Chronic Nephritis	?

Name of operation ... Date of ...
What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Jos. L. Valentine M. D.
Coroner
(Address) 16 So. Broadway

M. D. B. 1268-9 222 S. Broadway

09886 E 09886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Clifton Ave St., 15 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Exler

(a) Residence: No. 2201 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos Exler

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Israel Blickstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Evans

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Israel Exler (Son)
(Address) 2201 Clifton

18. BURIAL, CREMATION, OR REMOVAL
Place New Israel Date 2-20-35. 19

19. UNDERTAKER Jack Krieger Inc
(Address) 1419 E Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18/35. 19

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Feb 20 1935

I last saw her alive on Feb 18 1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1928
Auricular Fibrillation	1934
Angina Pectoris	Feb 18th 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jack Cohen M.D. M. D.

(Address) 223 S Broadway

M. D. B 1268-9

09887

F 09887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George L. O'Brien

(a) Residence: No. 1711 St Paul St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kenroth

6. DATE OF BIRTH (month, day, year) Dec 26 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	79	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Julia O'Brien

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 2/21 1935

19. UNDERTAKER Martin Fahy Sons

(Address) 1822 N. Howard ave

20. FILED ..... 19 ..... Registrar.

2 1935 ADPT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Accidental Fract of R. Femur

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Jan 26 1935

Where did injury occur? 1711 St Paul

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place, Street

Manner of Injury Fell on Street

Nature of Injury Fract R Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. C. Thompson M. D.

(Address) 1305 N. Patterson Park Ave Coroner

M. D. B. 1268-9

E 09888

09888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital Camden Station St., 14 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irvine E. Bamberger

(a) Residence: No. Marlborough Apts. 10 D. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 31, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fleishman Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Ansel Bamberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hannah Eilau,

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dr. Florence Bamberger
(Address) Marlborough Apts.

18. ~~BURIAL~~ CREMATION, ~~OR REMOVAL~~
Place Loudon Pk.Crem. Date Feby.21, 35

19. UNDERTAKER David Goodheim & Son
(Address) 1902 Eutaw Place

No. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Eugene Zeller M. D.
Coroner

(Address) 2739 Eastern Ave.

09889 ✓ F 09889

09889 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 531

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eldridge Bacon.

(a) Residence: No. 309 Allen Ave — Elizabethtown — Tenn —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/30/03

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0020

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn —

FATHER

13. NAME Eldridge Bacon

14. BIRTHPLACE (city or town) (State or country) Tenn —

MOTHER

15. MAIDEN NAME Laura Lourd

16. BIRTHPLACE (city or town) (State or country) Tenn —

17. INFORMANT Friends —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Elizabethton Tenn. 2/20 1935

19. UNDERTAKER John C. Mitchell Sons.
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

2 1935

ADR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1935 to Feb 19 1935

I last saw him alive on Feb. 19 1935. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma in bones, heart, spleen, mentum & lymph nodes. (Site of primary tumor undetermined)	2 yrs.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Henry O. Stebbins, M. D.

(Address) The Johns Hopkins Hospital.

M. D. B. 1268-9

F 09890

09890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 N Curley St., 6 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Henry Ast

(a) Residence: No. 725 N Curley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Ast

6. DATE OF BIRTH (month, day, year) Nov 8, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month, day, year) May 30

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Don't know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Ast

(Address) 725 N Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date July 13, 19...

19. UNDERTAKER ...

(Address) 202 S ...

20. FILED ..., 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1934 to July 12, 1935

I last saw h... alive on ... 1935 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Chronic Endocarditis 9 d	Unknown
Other contributory causes of importance: Acute Myocarditis 9 d	2/17/35

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Philip Arlington, M. D.

(Address) 2942 Hayden

M. D. B. 1268-9

F 09891

09891

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N Collington ave St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H Harmer

(a) Residence: No. 620 N Collington ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emma A Harmer

6. DATE OF BIRTH (month, day, year) Dec 9th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer Office

10. Date deceased last worked at this occupation (month and year) 3 yrs

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James H Harmer

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eupha Maxwell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary E Harmer

(Address) 1104 Hillen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dashwood Cemetery Date Feb 21st 1935

19. UNDERTAKER Geo Schilling & Sons

(Address) Monument Square Balto Md

20. FILED ..... 19 ..... Registrar.

D 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to Feb 18 1935

I last saw him alive on Feb 18 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	1929
Chronic valvular dis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Henry Lee Dorsey M. D.

(Address) 6308 Eastend Rd

M. D. B. 1268-9

F 09892

09892 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 18 Ward)

Length of residence in city or town where death occurred (13) yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Erwin Oats

(a) Residence: No. 901 W. Saratoga St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dentmore

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Thomas Oats

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Mrs Beleah Pratt
(Address) 524 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Eastern Cem. Date Feb 20 1935

19. UNDERTAKER Ethan O. Walker
(Address) 1220 E Baltimore St.

FILED FEB 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-16-35, 19..., to 2-18-35, 19...

I last saw h[illegible] alive on 2-18-35, 19... Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2-16-35
Other contributory causes of importance:	
Lobar Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Theodore A. Schwartz, M. D.

(Address) % Mercy Hospital

M. D. B. 1268-B

✓ F 09893

09893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH 1115 Mertis Morris Alley — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1115 Merris St., 11 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Bowles

(a) Residence: No. 1115 Morris St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jesse Bowles

6. DATE OF BIRTH (month, day, year) 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83 2		—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0837

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Jennie Bowles

14. BIRTHPLACE (city or town) (State or country) Richmond

MOTHER

15. MAIDEN NAME Jennie Royal

16. BIRTHPLACE (city or town) (State or country) Richmond

17. INFORMANT Jesse Bowles
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Jul 20th 1935

19. UNDERTAKER Edward Wilson
(Address) 1000 E Monument

20. FILED ... 19 ... Registrar.

0 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 14 1935 to July 15 1935

Last saw her alive on July 6 1935. Death is said to have occurred on the date stated above, at 4 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix Uteri	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jesse Bullock M. D.

(Address) 1100 Eutaw

M. D. B. 1268-9

F 09894

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09894

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary E. Vandervoort (Mary Elizabeth Van Derwoort)

(a) Residence: No. Home for Incurables St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) ~~WIFE of~~ Van Derwoort Hiram B. Vandervoort

6. DATE OF BIRTH (month, day, year) August 1, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodville Miss

FATHER

13. NAME Thomas B. Haynie

14. BIRTHPLACE (city or town) (State or country) ~~Miss~~ Virginia

MOTHER

15. MAIDEN NAME Charlotte Thatcher

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mr. Robt. T. Vandervoort (Address) Charlottesville, Va.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Feb. 22 1935

19. UNDERTAKER Wm. J. Tuckerman Inc (Address) Baltimore Md.

20. FILED FEB 20 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1931 to Feby 19, 1935

I last saw her alive on Feby 19, 1935. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the ascending Colon	July 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) W. W. Mayo, M. D.

(Address) Medical Arts Bldg

M. D. P. 1268-9

F 09895

09895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St., 11 Ward)

Length of residence in city or town where death occurred yrs. mos 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Gertrude Mott

(a) Residence: No. 731-13th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)
Oakland, Calif.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 13, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paraffine Co Inc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco (State or country) Calif.

FATHER

13. NAME Frank K. Mott

14. BIRTHPLACE (city or town) San Francisco, (State or country) Calif

MOTHER

15. MAIDEN NAME Gertrude Mayer

16. BIRTHPLACE (city or town) San Francisco (State or country) Calif.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Cal. Date Feb. 20, 1935

19. UNDERTAKER Wm J. Tuckner & Son
(Address) 1 North Va Ave.

20. FILED [illegible] 19[illegible] [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1935 to Feb. 20, 1935. I last saw h[illegible] alive on Feb. 20, 1935. Death is said to have occurred on the date stated above, at 2 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Feb. 17 1935
Pulmonary Hemorrhage	Feb. 20, 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Benson M. D.

(Address) Md. Gen. Hosp.

M. D. B. 1268-9

✓ F 09896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09896

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3906 Liberty Heights Avenue 15th Ward)

Length of residence in city or town where death occurred 47 yrs. -- mos. -- ds. How long in U. S. If of foreign birth 47 yrs. -- mos. -- ds.

2. FULL NAME Margaret Roche Slater

(a) Residence: No. 3906 Liberty Heights Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard E. Slater

6. DATE OF BIRTH (month, day, year) April 9, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ofnl

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Ireland

FATHER

13. NAME John Roche

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Bridget Donellan

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Miss Mary A. Slater
(Address) 3906 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 2/21, 1935

19. UNDERTAKER Wm. H. Means & Son
(Address) 805 N. Calvert Street

20. FILED 2-21-1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from November, 1934 to February 19, 1935

I last saw her alive on February 14, 1935 Death is said to have occurred on the date stated above, at 7 A.m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	indefinite
Chr. Nephritis	
Arterio - Sclerosis	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ____

(Signed) C. Urban Smith M. D.

(Address) 817 Park ave.

AaCo. 5-41 2M8

F 09897

09897

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. Ward) 27

Length of residence in city or town where death occurred 26 yrs. 6 mos. 22 ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Hughie E. Meyls

(a) Residence: No. 636 Colorado Ave. St.; ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 28-1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Liability 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Underwriter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME George A. Meyls

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jennie M. Alban

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George A. Meyls

(Address) 636 Colorado Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Feb. 23. 1935

19. UNDERTAKER Horace F. Burger

(Address) 3231 Falls Road

20. FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1935, to February 20 1935 death is said I last saw him alive on Feb. 20, 1935 to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute diverticulitis	2-4-35
Generalized peritonitis	2-16-35

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Ener Moore, M. D.

(Address) Franklin Square Hosp.

09898 ✓ F 09898

HEALTH DEPARTMENT—CITY OF BALTIMORE

294386 x53-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Dennis Jr.

(a) Residence: No. Wharton St., Ward. Texas.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/16/98 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3 2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 0042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wharton Texas.

FATHER

13. NAME John Dennis Sr

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Anna Anderson

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Houston Texas Date Feby. 23 1935

19. UNDERTAKER John O. Mitchell & Sons
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1935 to Feb 20, 1935
I last saw him alive on Feb 20th, 1935. Death is said to have occurred on the date stated above, at 2 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1932

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 2-15-35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul A. Kimbel M. D.
(Address) The Johns Hopkins Hospital

M. D. P. 1268-9

F 09899

HEALTH DEPARTMENT—CITY OF BALTIMORE

09899

CERTIFICATE OF DEATH

× 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 19th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Barker (William Cass Barker)

(a) Residence: No. 126 Oakdale Road St., Catonsville Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 17, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student & Apprentice Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 1/1

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Wm. C. Barker

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Florence Hales

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Florence Hales

(Address) 126 Oakdale Road Catonsville

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feby 22 1935

19. UNDERTAKER Chas Gottwald & Son

(Address) 1700 Linden Ave

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1935 to 2-20 1935

I last saw h[illegible] alive on 2-26 1935 Death is said to have occurred on the date stated above, at 4:42 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-13
Bilateral	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. K. Adams M. D.

(Address) University Hosp.

M. D. F. 1268-9

F 09900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola Newton

(a) Residence: No. 29 S Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm

6. DATE OF BIRTH (month, day, year) 5-3-90

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 207

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Feb 20 . 1935

19. UNDERTAKER
(Address)

20. FILED Feb 20 1935 . 19... Registrar.

1140

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 . 1935 to Feb 18 . 1935

I last saw h[illegible] alive on Feb 18 . 1935 Death is said to have occurred on the date stated above, at 1:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectal Stricture	?
Marked Cachexia.	3 wks
Difficulty due to stenosis.	2 wks

Other contributory causes of importance:

Name of operation Exploratory Lapartomy, Date of Feb 17

What test confirmed diagnosis? Surg. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Evans M. D.

(Address) Johns Hopkins Hosp

M. D. P. 1268-4

09901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. 09901

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. Balto St., 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Freeman

(a) Residence: No. 903 St Barnabas Ct. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wood Sch Date Feb 20 1935

19. UNDERTAKER

(Address)

20. FILED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1935 to Feb 14 1935

I last saw him alive on Feb 14 1935 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Otitis media (rt.)	Jan 14 '35
Meningitis (Hemolytic Strep)	Jan 30 '35

Other contributory causes of importance:

atelectasis (left lung)	Feb 10 '35

Name of operation Mastoid Drainage Date of Feb 9 '35

What test confirmed diagnosis? Clinical + Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) D. D. Caplex M. D.

(Address) Univ. Hosp. Balto. Md.

M. D. B. 1268-9

F 09902

09902 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Lennox St., 13 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Stevens Dodd

(a) Residence: No. 706 Lennox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander Dodd

6. DATE OF BIRTH (month, day, year) Feb. 16, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent County Md.

FATHER

13. NAME William Stevens

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Laura J. Jones

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Mrs. H. D. Reese
(Address) Chestertown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Wesley Chapel Cem'ty
Place Rock Hall, Md. Date Feb. 21. 1935

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1935 to Feb 19, 1935

I last saw her alive on Feb 18, 1935. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2/9/35
Other contributory causes of importance:	
Chronic atopic dermatitis	20 yrs ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) 720 N. North Ave.

M. D. B. 1268-b

09903

F 09903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Brown

(a) Residence: No. 2519 Huron St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Black.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): February 12, 1935

7. AGE: Years ... Months ... Days: 1 day ... If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): University Hosp. Balto. Md.

MOTHER

13. NAME: Charles Edw. Brown

14. BIRTHPLACE (city or town) (State or country): Relay, Md.

15. MAIDEN NAME: Daisy Galloway

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Daisy Brown

(Address) 2519 Huron St.

18. BURIAL, CREMATION, OR REMOVAL: Place ... Date Feb 20 ... 1935

19. UNDERTAKER

(Address)

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 12, 1935, to February 13, 1935. I last saw him alive on February 13, 1935. Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance: Maternal toxemia — unclassified

Name of operation: None ... Date of ...

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. Savage, M. D.

(Address) Univ. Hosp.

M. D. F. 1268-9

F 09904

09904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Batavia Ave. 27 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Lance

(a) Residence: No. 3313 Batavia Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes A. Lance

6. DATE OF BIRTH (month, day, year) Jan 25, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60.	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Underwriter

9. Industry or business in which work was done, as mill, saw mill, bank, etc. New Amsterdam Casualty

10. Date deceased last worked at this occupation (month and year) Sept. 1934

11. Total time (years) spent in this occupation 47 Yr.

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME William Lance

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Elizabeth Richards

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Agnes. A. Lance

(Address) 3313 Batavia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Clinton N. J. Date Feb. 22. 1935

19. UNDERTAKER Mr & Mrs. John W. Geupel & Son

(Address) 801 W. Fayette St.

20. FILED 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Feb 20 1935

I last saw him alive on Feb 20 1935. Death is said to have occurred on the date stated above, at 5.15 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolus — Date of onset

Other contributory causes of importance:

Subacute Bacterial Endocarditis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 4756 Harrison Ave

M. D. B 1268-9

F 09905

HEALTH DEPARTMENT—CITY OF BALTIMORE

09905

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1424 Vincent St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ora B. Nevison

(a) Residence: No. 1424 Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31 34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Stephanus Dyer

(Address) 1424 N. Parkside

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Feb 20th 1935

19. UNDERTAKER Archibald C. Gaddis

(Address) 1101 Mt. Auburn St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 18th 35

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Heart Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Link Coroner, M. D.

(Address) Coroner

M. D. P. 1268-9

09906 ✓ F 09906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Gant

(a) Residence: No. 529 Wilson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Month.

6. DATE OF BIRTH (month, day, year) 2/6/?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George Va.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records Bur't.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Feb 20, 1935

19. UNDERTAKER Archibald G. Gaddy

(Address) 2101 Mt. Carmel Ave.

20. FILED ..., 19.....

Registrar.

20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1934 to 2/18, 1935

I last saw h[illegible] alive on 2/18, 1935 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 days

Other contributory causes of importance:

	over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto. City Hosp.

M. D. B. Form 9 F 09907

F 09907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3619 Hamilton Ave St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella E. Quinn

(a) Residence: No. 3619 Hamilton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: Husband of (or) WIFE of: James E. Quinn

6. DATE OF BIRTH (month, day, year): June 1 1865

7. AGE: Years 69 | Months 8 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt

FATHER

13. NAME: Patrick Gorman

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Maria Mc Kelly

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: William Quinn

(Address): 3619 Hamilton Ave

18. BURIAL, CREMATION OR REMOVAL

Place: 2/21/35 Loudon Park

19. UNDERTAKER: J. G. Dyer & Co

(Address): 3006 Bath St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2/18, 1935

22. I HEREBY CERTIFY, That I attended deceased (from Dec 6, 1934 to Feb 18, 1935)

I last saw her alive on Feb 18, 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis or Hemorrhage.

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation: ~ Date of: ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury 19

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward Dennick M. D.

(Address) 4702 Harford Rd

2/20/35

M. D. P. 1[illegible] F 09908 F 09908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp - St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian S Chelsley.

(a) Residence: No. 840 W Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Adam.

6. DATE OF BIRTH (month, day, year) 8/4/63.

7. AGE Years	Months	Days 16	If LESS than 1 day, hrs. or min.
71	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Chas. Lutz.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Wiesner

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records Beth.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Catholic Date 2/23, 35

19. UNDERTAKER W M Cook
(Address) 1210 E Fayette St

20. FILED [illegible] Registrar.

DEC 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/6, 1933 to 2/20, 1935

I last saw her alive on 2/20, 1935 Death is said to have occurred on the date stated above, at 9 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Walter A Reiter M. D.

(Address) Balto City Hosp.

M. D. No. E 09909 E 09909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mary F. Kelly

(a) Residence: No. 818 W. Cathedral St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced (or) WIFE of Frank A. Kelly

6. DATE OF BIRTH (month, day, year) ? 1850

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Phillips Phillips unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Olivia Ellis

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 2/22 1935

19. UNDERTAKER J. H. Cook

(Address) 1345 E. Saul St

FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1935 to Feb 19, 1935

I last saw her alive on Feb 19, 1935 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma - Back — Date of onset Jan 1935

Other contributory causes of importance: Nephritis Chronic Interstitial

Name of operation Excision of Carbuncle Date of 2/8/35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Fagal M. D.

(Address) Balto City Hospitals

M. D. B 1268-9

F 09910

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09910

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE, (No. Mt Ida Ave St., 13 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Knowles

(a) Residence No. 715 Lennox St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Grace Adams Knowles

6. DATE OF BIRTH (month, day and year): Dec 12 1861

7. AGE: Years 73 | Months 2 | Days 6 | If less than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) employed at this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Jas. Lennox

14. BIRTHPLACE (city or town) (State or country): Seaford Del

MOTHER

15. MAIDEN NAME: Martha Burge

16. BIRTHPLACE (city or town) (State or country): Seaford Del

17. INFORMANT: Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 2nd 1933

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 2 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 28 33

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Primal Arteriosclerosis
Cerebral Hemorrhage
Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. F. 1268

F 09911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09911

✓ 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. (Ward) 27

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bowman

(a) Residence: No. 4402 York Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Scott Bowman

6. DATE OF BIRTH (month, day, year) July 14, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0045

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME William Bowman

14. BIRTHPLACE (city or town) (State or country) England

FATHER

15. MAIDEN NAME Margaret Bowman

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hartford Co Md Date Feb 22nd 1935

Place Bethel Cemetery

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FEB 21 1935

(Date received) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1935 to Feb. 19, 1935

I last saw him alive on Feb. 19, 1935 Death is said to have occurred on the date stated above, at 7 1/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	prob 2-8-35
Other contributory causes of importance: Generalized arteriosclerosis	over

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Babcock M. D.

(Address) Md. General Hosp.

M. D. F. 09912 F 09912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-F

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 22 (Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Beecham

(a) Residence: No. 3823 Hamilton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma C Beacham

6. DATE OF BIRTH (month, day, year) Jan 17 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist Cig

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietary Medicine

10. Date deceased last worked at this occupation (month, year) Dec 1934

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) London Eng

FATHER

13. NAME Edwin E Beacham

14. BIRTHPLACE (city or town) (State or country) Bucks Eng.

MOTHER

15. MAIDEN NAME Lucia A Rogers

16. BIRTHPLACE (city or town) (State or country) Kent Eng

17. INFORMANT Emma C Beacham

(Address) 3823 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL Interment Date 2/23 1935

Place Mt Lord

19. UNDERTAKER J M Lord

(Address) 1219 E Fayette St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20 35 19

22. I HEREBY CERTIFY, That I attended deceased from 11-23 35, 19 to 2-20-35, 19

I last saw h[illegible] alive on 2-20-35 19 Death is said to have occurred on the date stated above, at 3 15 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Pancreas, Liver & Gall bladder

Primary carcinoma in pancreas

Date of onset

Other contributory causes of importance:

Cardiac failure

Name of operation Exploratory Laparotomy Date of 12 1 34

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hugh B. McNally M. D.

(Address) University Hospital

M. D. P. 1268-9

F 09913

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09913

CERTIFICATE OF DEATH

Roland Pk 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 326 Woodlawn Rd St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Bloxon

(a) Residence: No. 326 Woodlawn Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Samuel J Bloxon

6. DATE OF BIRTH (month, day, year): Feb 8-1862

7. AGE: Years 73; Months; Days 12; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Peter Humble

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Spalh

16. BIRTHPLACE (city or town) (State or country): Bavaria

17. INFORMANT: Samuel J Bloxon

(Address) 326 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 2/22/35

19. UNDERTAKER: Mulligan Cook

(Address) 127 St. Paul

20. FILED: 2/21/1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935, to Feb 20, 1935

I last saw her alive on Feb 20, 1935. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset: Feb 20

Other contributory causes of importance: Arterial Sclerosis — Date of onset: Childhood

Name of operation: None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Kutcher, M. D.

(Address) 1 West Saratoga

Spec.—8-16-29—L. F. S.—100 Blks.

F 09914

F 09914

HEALTH DEPARTMENT—CITY OF BALTIMORE

56

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 E. 20th St. ST. 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Annie Veronica Hughes

(a) RESIDENCE NO. 1109 E. 20th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 16th 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Stafford Scotland

PARENTS

10 NAME OF FATHER Thomas Hughes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Mayo. Ireland.

12 MAIDEN NAME OF MOTHER Ellen Hughes.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Roswell Scotland

14 Informant Thomas Hughes

(Address) 1109 E 20th St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 19, 1935

17 I HEREBY CERTIFY, That I attended deceased from January 7, 1935, to February 19, 1935, that I last saw her alive on February 17, 1935 and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Carditis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Acute Pulmonary Edema

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Samuel B Hill M. D.

, 19 (Address) 1331 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Cutmore

DATE OF BURIAL 2/22/35

20 UNDERTAKER W. M. Cook

ADDRESS

AUG 21 1935

M. D. P. 1268

F 09915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09915

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary, St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert H. Morgonwick

(a) Residence: No. 2300 W. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (~~Wife~~) Minnie Morgonwick

6. DATE OF BIRTH (month, day, year) July 22, 1875

7. AGE Years	Months	Days	If L[illegible] than 1 day, hrs. or min.
59	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Henry Morgonwick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Shoske

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 22nd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 2-21-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1935 to Feb. 19 1935

I last saw him alive on Feb 19 1935. Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, left upper and lower lobes	Feb 11, 1935

Other contributory causes of importance:

Name of operation O Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L Wiese M. D.

(Address) 4000 Edmondson Ave

M. D. F. 1936 F 09916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09916

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1411 Brunt St., 14 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Dowell

(a) Residence: No. 1411 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Dowell

6. DATE OF BIRTH (month, day, year) Jan 1 1897

7. AGE Years 38 Months 1 Days 19 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) employed in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jas Buckley

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Mulvey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mathew Dowell
(Address) 1411 Brunt

18. BURIAL, CREMATION, OR REMOVAL Date 1/22 1937
Place St Peters Cem

19. UNDERTAKER Bernard Hennessy
(Address) 81 Saint Paul Pl.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19 1937 C. 35

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 9 Days

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Leo Bruck Coroner M. D.

(Address) Coroner

M. D. B. 1268-9

F 09917

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09917

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 712 N. Mount St., 16 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Ambley

(a) Residence: No. 712 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 15-1897

7. AGE — Years: 37 | Months: 2 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis Md

MOTHER

13. NAME: Fanny Ambley

14. BIRTHPLACE (city or town) (State or country): Africa

FATHER

15. MAIDEN NAME: Florence Fitch

16. BIRTHPLACE (city or town) (State or country): Africa

17. INFORMANT (Address): Cora Rice 712 N. Mount

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: Feb 23, 1935

19. UNDERTAKER (Address): J. B. Johnson

FILED 21 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 16 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Pulmonary Phthisis	1 year

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Huck M. D. Coroner

(Address) .....

M. D. B. 1369

F 09918

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09918

CERTIFICATE OF DEATH

V 175

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE. (No. Forest Park Woods near Hillsdale St., 14 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cecelia Agnes Jones

(a) Residence: No. 628 Smithson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: No

6. DATE OF BIRTH (month, day, year): Nov 2-1931

7. AGE: Years 3 | Months 3 | Days 14 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Eastman Jones
14. BIRTHPLACE (city or town) (State or country): Jukenon

MOTHER
15. MAIDEN NAME: Pauline Jones
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mary Brown
(Address) 2432 Ethug St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 2/12 1935

19. UNDERTAKER: Glenn F Seitz
(Address) 709 W 36 St

20. FILED ..... 19 ..... Registrar.

621 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 8 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... I last saw h..... alive on August 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Congestion Brain, Lungs & Lungs	
Other contributory causes of importance: Cause Undetermined (Was in Woods 3 Days)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Feb 6 1935

Where did injury occur? Woods Forest Park Near Hillsdale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Tied Band around Neck

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H C Finch Coroner, M. D.

(Address) .....

M. D. B. 1268-9

Dr. Potter, 508 E. Preston,

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. 09919

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Glasser

(a) Residence: No. 406 N. Broadway St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~One~~

6. DATE OF BIRTH (month, day, year) Aug. 10-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	~~10~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Emma Glasser

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Estra Blaustein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Emma Glasser

(Address) 406 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Mt Carmel Date 2/2/35. 19

19. UNDERTAKER Jos. Lowndes

(Address) 1732 E. Baltimore

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19/35. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 7 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	
Other contributory causes of importance:	
Influenza	abt

Name of operation Spinal Puncture Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Vagus M. D.

Coroner

(Address) 508 E Preston

M. D. B. 1.

F 09920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09920

CERTIFICATE OF DEATH

✓115-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 3 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Gordon.

(a) Residence: No. 103 S. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dyzman ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Jake Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel ?

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Husband (Address) above.

18. BURIAL, CREMATION, OR REMOVAL Place Henry Rm Date 2—21—35 19

19. UNDERTAKER Jack Louis Inc (Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/9 1935 to 2/20 1935

I last saw him alive on 2/20 1935 Death is said to have occurred on the date stated above, at 1.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonsillar abscess (?)	2 days ?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

F 09921

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09921

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 E Federal St. 9-9 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna R. Rohrs

(a) Residence: No. 1105 E Federal St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	wht	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Rohrs

6. DATE OF BIRTH (month, day, year) 7-4-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Blum

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Riley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frederick Rohrs

(Address) 1105 E Federal St

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 2/22/35 19

19. UNDERTAKER Leonard Hurst

(Address) 1300 Harford Ave

20. FILED 2/21/1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19/35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1935 to Feb 19 1935

I last saw h[illegible] alive on Feb 18 1935 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Influenza	Bronchitis

Other contributory causes of importance:

Pulmonary Tuberculosis	Prior 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward [illegible] M. D.

(Address) 413 [illegible]

M. D. B. 1268-9

22660 H

HEALTH DEPARTMENT—CITY OF BALTIMORE

709922

22660 H

709922

CERTIFICATE OF DEATH

122B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 28 yrs. 8 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Roland Ward

(a) Residence: No. 1223 Dellwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Joseph R Ward.

6. DATE OF BIRTH (month, day, year) May 23, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr. Grover C. Ward

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ella Tucker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph R. Ward.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's, Hampden Date Feb 22, 1935

19. UNDERTAKER Rheinggold & Son.
(Address) 3615-17 Chestnut Ave.

20. FILED Feb 21 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1935 to Feb. 20, 1935

I last saw him alive on Feb. 20, 1935 Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Feb. 18
Other contributory causes of importance: Intestinal obstruction with peritonitis	?

Name of operation Release of obstruction Date of 2-11-35

What test confirmed diagnosis? Exploration of abdomen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Kahn, M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-0

F 09923

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09923

CERTIFICATE OF DEATH

303-G

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 49 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Hynes

(a) Residence: No. 3616 Ash St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie M. Hynes.

6. DATE OF BIRTH (month, day, year) May 15 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile Worker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meadow Mill

10. Date deceased last worked at this occupation (month and year) 10+6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Joseph Hynes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louise Pacy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lillie M. Hynes

(Address) 3616 Ash St.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hagerstown Date Feb. 22, 1935

19. UNDERTAKER Greenauer & Son

(Address) 3615-17 Eastern Ave.

20. FILED 21 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Fractured Skull
Laceration of Head
Epilepsy

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 2-19 1935
Where did injury occur? Woodstock Mills Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industries
Manner of injury Caught Under Elevator
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. F. Morrissey M. D.
Coroner

(Address) 332 Reed

M. D. F. Form 9 (09924) ✓ F 09924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave. St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Spindler

(a) Residence: No. 2143 Wilkens ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Spindler

6. DATE OF BIRTH (month, day, year) April 13th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 6 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Geisler

14. BIRTHPLACE (city or town) (State or country) Baltimd

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo. Spindler

(Address) 2143 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rm Cathedral Date 2/23/ 1935

19. UNDERTAKER J. J. Cowan & Son

(Address) 701 Collins St.

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20- 1935

22. I HEREBY CERTIFY, That I attended deceased from January 22. 1935 to Anna 20th 19 35.

I last saw her alive on February 20. 1935. Death is said to have occurred on the date stated above, at 5 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurothana	
Secondary intra-abdominal Hemorrhage.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L. Kemp M. D.

(Address) St Agnes Hosp.

M. D. F. 1268

HEALTH DEPARTMENT—CITY OF BALTIMORE

09925

09925

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 W. Lombard St., 18 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Wm. H. Pear

(a) Residence: No. 838 W. Lombard St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Laura M. Pear

6. DATE OF BIRTH (month, day, year) Jan. 26 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wire works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wilbert Thomas Pear

(Address) 838 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 2/23/35

19. UNDERTAKER John Cowan & Son

(Address) 2 Hollins St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9:10 ? m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Augustus Zollers, M. D. Coroner

(Address) 789 Eastern Ave.

M. D. F. 1268-B

09926 ✓ F 09926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 Ramsay St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Sherwood

(a) Residence: No. 1543 Ramsay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Dec 20-1934	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Albert Sherwood

14. BIRTHPLACE (city or town) Balto. (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Tiernan

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 21-1935

19. UNDERTAKER Chas. L. Sloan

(Address) 1521 E. Fort Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935 to Feb. 20, 1935

I last saw her alive on Feb 20, 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2/18/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. T. Tripplett, M. D.

(Address) 1326 W. Lombard St.

935

M. D. H. 1268-9

F 09927

F 09927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 220 Rock St

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Levine Bacon

(a) Residence: No. 220 Rock St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Bacon

6. DATE OF BIRTH (month, day, year) year of 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville, Md.

FATHER

13. NAME Luther Murdock

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

MOTHER

15. MAIDEN NAME Harriet

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel Bacon

(Address) Richwood, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Feb 1, 1931

19. UNDERTAKER Mrs. Katherine Williams

(Address) 322 E Lafayette Ave.

20. FILED ..., 19... Registrar.

FEB 2 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/1/31, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/14/30, 19... to 2/1/31, 19...

I last saw h[er] alive on 7/27/30, 19... Death is said to have occurred on the date stated above, at 11:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arnold Fenz, M. D.

(Address) 7 Chilcoat

M. D. F. 1268-B F 09928 ✓ F 09928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-B

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., Caton + Wilkens Ave (Ward) .....

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Brother Colman (Thomas Considine)

(a) Residence: No. St. Mary's Ind. School St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 19-1900

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	34	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Christian Brother 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ire.

17. INFORMANT Brother John Biddie

(Address) St. Mary's Ind. School

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cem. Date Feb 22 19 35

19. UNDERTAKER Chas. P. Maus + Son.

(Address) 115 W. Lafayette Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-10 ..... 1935 to 2-19 1935

I last saw him alive on 2-19 ..... 1935. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Abscess	10 days
Other contributory causes of importance: Strep Viridans Septicemia	4 days

Name of operation None. Date of None.

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No ..... 19 ...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul G. Herbert, M. D.

(Address) St. Agnes Hosp.

M. D. P. 1268-9

F 09929

✓ F 09929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Polk

(a) Residence: No. 1020 Bullman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 1, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	21 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~child~~ none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME William Polk

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Julia Brendenhal

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date , 19

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar

21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 3rd , 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st , 1935 to Feb 3rd , 1935

I last saw him alive on Feb 3rd , 1935. Death is said to have occurred on the date stated above, at 2:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	2-1-35
Other contributory causes of importance: Tentorial Tear	2-1-35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John M. Gruce, Jr. M. D.

(Address) Johns Hopkins Hospital

Instructions on back of certificate.

M. D. P. 1268-9

✓ F 09930

09930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oliver C. Kendricks Jr.

(a) Residence: No. 624 E. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 5/27/1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School and College

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Oliver C. Kendricks.

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Mae Perry.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mae Kendricks. (Address) 624 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 2/21/1935

19. UNDERTAKER Mary M. Medfield (Address) 301 E. 22nd St.

20. FILED ..... 19 ..... Registrar.

21035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th 1935 to Feb 20th 1935

I last saw h[im] alive on Feb 20th 1935. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Spinal Fever	2-19-35
Other contributory causes of importance: Meningitis	2-20-35

Name of operation Spinal Puncture Date of 2-20-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify.

(Signed) Lauriston L. Brown M. D.

(Address) University Hospital.

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. R. 1268-9

(Ross) ✓ F 09931

F 09931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 N. Lexington St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Ross

(a) Residence: No. 1607 N. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Benjamin Ross

6. DATE OF BIRTH (month, day, year): Mch 16 1870

7. AGE: Years 64 | Months 11 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 607°

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Calver & Co

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Hunt

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Rachel Booze

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Rachel Williams

(Address): 1607 N. Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Feb 23 1935

19. UNDERTAKER: Samuel H Cross Son

(Address): 638 N. Gilmor

20. FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1934 to Feb 20 1935

I last saw her alive on Feb 20 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	Unknown

Other contributory causes of importance:

Name of operation: — Date of —

What test confirmed diagnosis: Autopsy & X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)

(Signed) P. Garland Adams M. D.

(Address) 1534 Eutaw Pl

M. D. B 1268-9

F 09932

09932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 Weber St. St., 24 Ward)

Length of residence in city or town where death occurred 72 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Meister.

(a) Residence: No. 128 Weber St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~married, widowed, or divorced~~ (or) WIFE of John Meister.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Baumgartner.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine Baumiller.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Edward Meister.(son)
(Address) 128 Weber St.

18. BURIAL, CREMATION, OR REMOVAL Date 2/22/35

19. UNDERTAKER Lenhart & Lynch
(Address) 305 W. Fayette St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 19, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.55 p.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Organic disease of the Heart.	
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt Coroner, M. D.

2/20/35 (Address) 1017 E. Charles St.

AaCo. 5-31 250B

F 09933

09933

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 N. Bradford St St., 8 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Katharine Collison

(a) Residence: No. 1707 N. Bradford St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Collison

6. DATE OF BIRTH (month, day, year) Sept 7th. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
78	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Petersburg (State or country)

FATHER

13. NAME Elijah Spence

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss Nettie Collison (Address) 1707 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL Place ..... Date 2-23-35. 19 .....

19. UNDERTAKER Randall E. Humphreys (Address) 1500 N. Broadway.

20. FILED 2-21 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1935 to 2-20 1935

I last saw her alive on 2/20. 1935 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2/14/35
Cerebral Arterio-sclerosis	2/1/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury NO 19
Where did injury occur? NO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. NO
Manner of injury NO
Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify NO

(Signed) Daniel Wright M. D.
(Address) 1500 N Broadway

M. D. B. 1965-9

✓ F 09934

F 09934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-0

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W. Henrietta St., 23 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Emory Frederick

(a) Residence: No. 1 W. Henrietta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie L. Frederick

6. DATE OF BIRTH (month, day, year) July 4, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pa. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Nelson Frederick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Garrett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Elsie L. Frederick

(Address) 1 W. Henrietta St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Feb. 22, 1935

19. UNDERTAKER Joshua J. Henry

(Address) 715 Light St.

20. FILED 2-21-1935, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1935, to Feb 19, 1935

I last saw him alive on Feb 18, 1935. Death is said to have occurred on the date stated above, at 7.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Feb 18, 35

Other contributory causes of importance:

Angina - Chronic Myocarditis

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theale Stifler, M. D.

(Address) 13 E Eager St.

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

F 09935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 S. Hilton St., 20 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Lee Overmyer

(a) Residence: No. 202 S. Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tristam Overmyer

6. DATE OF BIRTH (month, day, year) Dec. 7, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford Co. Va.

FATHER

13. NAME William T. Murray

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Wedding

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Tristam Overmyer (Husband)
(Address) 202 S. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Feb. 22, 1935

19. UNDERTAKER John F. Kenny
(Address) 715 Light St.

20. FILED Feb 21 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from August, 1934 to 2/14/35, 19 I last saw her alive on 2/14/35 6.30 p. m. Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	7yr.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Blood at U. of Pa. 2/16/1933 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. R. Lucas, M. D.

(Address) 3421 Edmondson Ave.

M. D. P. (268-9)

F 09936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09936

CERTIFICATE OF DEATH

v 46 F

1. PLACE OF DEATH St. Agnes Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caton + Wilkens Ave. St., 19 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth 48 yrs. mos. ds.

2. FULL NAME Thomas G. Bruce

(a) Residence: No. 1708 Wilkens Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, Widowed, or Divorced (write the word)
M.	W.	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9. 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Finisher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Wm. J. Bruce

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Sawyer

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Frank R. Bruce

(Address) 1708 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Feb 23. 19 3

19. UNDERTAKER Harry F. Mitzke

(Address) 1501 Baltimore Ave

20. FILED 19 Registrar.

21 7025

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/35 19

22. I HEREBY CERTIFY, That I attended deceased from 1/30/35 19 to 2/20/35 19 I last saw him alive on 2/20/35 19 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Carcinoma Pancreas	4 Mo
Metastasis to Liver	2 Mo
Cardiac Failure	3 Days

Other contributory causes of importance:
Malnutrition.

Name of operation Exploratory Date of 2/12/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Carl C. Weber M. D.

(Address) 1501 Baltimore Ave

Instructions on back of certificate. See instructions on back of certificate.

M. D. F. 1268-0

F 09937

09937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 160-B

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital Wilkens & Caton aves St., 70 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Frindt

(a) Residence: No. 1847 W Lexington St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-18-35

7. AGE

Years	Months	Days	If LESS than 1 day, 1 hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Julius Louis Frindt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Dorothy Lee Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Julius L. Frindt
(Address) 1847 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Woodlawn Cem. Date Feb. 21 1935

19. UNDERTAKER Joseph H Cook
(Address) 1003 E. Baltimore St.

20. FILED 2-21-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-18- 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb-18 1935 to ... 19...

I last saw him alive on Feb. 18 1935 Death is said to have occurred on the date stated above, at 1 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foetal Asphyxia	
Other contributory causes of importance: Pneumonia Hypostasis	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert F Healy M. D.

(Address) St Agnes Hospital

Instructions on back of certificate.

M. D. P. 1268-9

09938

E 09938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 82a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St., 14 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minna Rosenheim Jelenko

(a) Residence: No. Ludlow Park Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Victor Jelenko

6. DATE OF BIRTH (month, day, year) Sept 8 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Rosenheim

14. BIRTHPLACE (city or town) (State or country) Altenstadt Germany

MOTHER

15. MAIDEN NAME Caroline Guggenheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sylvan Rosenheim Brother
(Address) Marlborough Apts

18. ~~BURIAL, CREMATION, OR REMOVAL~~

Place Har. Sinai Cem. Date Feb 22 1935

19. UNDERTAKER Harry Goldsborough & Son
(Address) 1902 Eutaw St.

20. FILED 2-21-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from about 1920, to Feb 20 1935

I last saw her alive on Feb 20 1935 Death is said to have occurred on the date stated above, at 1:50 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 20
	1 w

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles J. Bostman, M. D.

(Address) 1417 Eutaw Place

M. D. B. 1268-9

F 09939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Harford ave. St., 9 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gertrude Ward

(a) Residence: No. 1621 Harford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady 47

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5 & 10 ct. Store

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Finnan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Agnes Ludwig

(Address) 121 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 2/22, 1935

19. UNDERTAKER A. Simon Sons

(Address) Hall Park Ave. & ...

20. FILED Feb 22 1935 Registrar.

217935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1934 to Feb. 19, 1935

I last saw h[illegible] alive on Feb. 18, 1935 Death is said to have occurred on the date stated above, at 12 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	

Other contributory causes of importance:

Bronchial Pneumonia	

Name of operation none Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury ..., 19...

Where did injury occur? No.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No.

Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Sigl. Littner, M. D.

(Address) 1304 S. Chas

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9

E 09940

HEALTH DEPARTMENT—CITY OF BALTIMORE

09940

CERTIFICATE OF DEATH

✓174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 14 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Woods

(a) Residence: No. 721 Madison Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1906

7. AGE: Years 29 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) Wk

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Wva

FATHER

13. NAME Jas Woods.

14. BIRTHPLACE (city or town) (State or country) Wva "

MOTHER

15. MAIDEN NAME Rosie Edwards

16. BIRTHPLACE (city or town) (State or country) Wva "

17. INFORMANT Jas Walker

(Address) 1128 W-138 St N.Y.C.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Feb 21 or 1935

19. UNDERTAKER Gerhard A. Lindsay

(Address) 2101 McCulloh St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 C C 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h.. alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide Stab Wound of Aorta. Few hours	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

20. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury Feb 19 1935

Where did injury occur? 721 Madison Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Stab wound

Nature of injury Stab

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. B. Fuiks M. D.
Coroner

(Address) Coroner

M. D. P. 1268-9

E 09941

HEALTH DEPARTMENT—CITY OF BALTIMORE

09941

CERTIFICATE OF DEATH

✓ 349-108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levi Johnson.

(a) Residence: No. 339 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/18/11

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Graham

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank (Bro.)
(Address) above.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Feb 21st 1935

19. UNDERTAKER Archibald R. Gaddis
(Address) 2181 W. Baltimore St.

20. FILED 1935 Registrar.

21 1935 RN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1935 to 2/18 1935

I last saw him alive on 2/18 1935 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Lobar pneumonia	3 days.

Other contributory causes of importance:

over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1263-9

F 09942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09942

V 34 D

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Carter.

(a) Residence: No. 301 N. Mount. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) 8/17/77.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57.	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 0440

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Mike Same.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Howard Co. Md. Date Feb. 21st, 1935

19. UNDERTAKER Archibald A. Geddes

(Address) 2101 McCulloh St.

20. FILED , 19 Registrar.

21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/15, 1935 to 2/19, 1935

I last saw him alive on 2/19, 1935 Death is said to have occurred on the date stated above, at 6 20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency Syphilitic	5 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roland A. Reuter M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate. Enter statement of

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

09943 09943

CERTIFICATE OF DEATH

✓ 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas R. Stewart

(a) Residence: No. 1932-W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Stewart

6. DATE OF BIRTH (month, day, year) 9-29-64

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic Supt of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rust Claus Shoes Off Bro Co

10. Date deceased last worked at this occupation (month and year) 8yr

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James M. Stewart

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sarah Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Annie R Stewart
(Address) 1932 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Md Date 2/23/35 19

19. UNDERTAKER F. B. Wright & Son
(Address) 1300 Eutaw Place

FILED 2-24-1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-15-35, 19 to 2-19-35, 19

I last saw h alive on 2-19-35, 19 Death is said to have occurred on the date stated above, at 11¾ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hospital

Instructions on back of certificate.

M. D. R. 1268-9

F 09944

F 09944 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 E. Biddle St., 8-03 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Pratt

(a) Residence: No. 2631 E. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-19-35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robt C. Pratt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alice Hudson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Robert Pratt
(Address) 2631 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Feb. 22 1935

19. UNDERTAKER John C. Mulder
(Address) 2435 E. Baltimore St

20. FILED 2-21-1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-21-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 19th, 19... to Feb 21st, 1935

I last saw him alive on Feb 20, 1935. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	1/19/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Victor Goldberg M. D.

(Address) 1524 N. Patterson Park Ave

See instructions on back of certificate. Each statement of fact required is important.

M. D. B. 12[illegible] F 09345

F 09345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Eutaw Place St., 13 Ward)

Length of residence in city or town where death occurred Life yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Anna M. McCann

(a) Residence: No. 2303 Eutaw Place St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank McCann

6. DATE OF BIRTH (month, day, year) Oct 27, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation. X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frances Kirk

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Lewis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs A. McCann

(Address) 2303 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Feb 22nd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Feb 22 1935 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1935 to Feb 21, 1935 19....

I last saw h[illegible] alive on Feb 20 1935. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2/17/35
Other contributory causes of importance: Pulmonary Oedema	2/20/35

Name of operation .... Date of ....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) Frank Lewman M. D.

(Address) 2303 Eutaw Place

M. D. P. 1268-9

F 09946

HEALTH DEPARTMENT—CITY OF BALTIMORE

09946

CERTIFICATE OF DEATH

X 93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. -St., 76 Ward)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gordon Leaman

(a) Residence: No. Elkridge, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Leaman

6. DATE OF BIRTH (month, day, year) 5/13/70.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada Nova Scotia

FATHER

13. NAME Robert Leamay

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine France

MOTHER

15. MAIDEN NAME Margarette Chrisholm

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Feb 23 1935

19. UNDERTAKER Wm. J. Tickner & Son
(Address) North & Calhoun.

D. 1935 Registrar.

22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1935 to 2/20 1935

I last saw him alive on 2/20 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
& congestive failure.
Intestinal obstruction

Date of onset

3 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 1268-9

F 09947

F 09947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2031 E. 31st St. St., 9 Ward)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mary Koop

(a) Residence: No. 2031 E. 31st St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis B. Koop

6. DATE OF BIRTH (month, day, year) Aug. 2, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Heckmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Meta [illegible]. Dahmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Louis Koop
(Address) 2031 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 22, 35

19. UNDERTAKER Wm. J. Tuckner & Son
(Address) Hall & Pa.

20. FILED 221935, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 29. 1935 to Feb 20 1935

I last saw h alive on Feb 19. 1935. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Hemorrhage	Feb 16

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. Walter Thomas M. D.

(Address) 3136 Garford Rd.

M. D. R. 1268-9

E 09948

HEALTH DEPARTMENT—CITY OF BALTIMORE

09948

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hyman Gravitz

(a) Residence: No. 1812 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia

6. DATE OF BIRTH (month, day, year) 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Pincus Gravitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reha

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Philip Gravitz

(Address) Balto & High Sts

18. BURIAL, CREMATION, OR REMOVAL Mount Repose Date 2/22/35 19

19. UNDERTAKER Jack Levin Inc

(Address) 1432 E. Balto St

20. FILED ... 19... Registrar.

22193S

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Blood Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

See instructions on back of certificate. This statement is very important.

M. D. P. 1268-9

F 09949

Dilver

F 09949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓34

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1405 Preestman St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Dilvis

(a) Residence: No. 1405 Preestman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Oscar Dilvis

6. DATE OF BIRTH (month, day, year): Sept 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: George Bowell

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Henrietta Cropp

16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT (Address): Amelia Dilvis 1405 Preestman St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem. Date: 2/22 35 19

19. UNDERTAKER (Address): Thomas E. Kelson 1313 Preestman St

Filed FEB 22 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1935 to February 21, 1935

I last saw her alive on February 9, 1935. Death is said to have occurred on the date stated above, at 9.18 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2-21
Syphilis	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles T. Woodland M. D.

(Address) 811 Harlem Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 09950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09950

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Fifth Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Eldringhoff

(a) Residence: No. 720 S. Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman Eldringhoff

6. DATE OF BIRTH (month, day, year) Aug. 12 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Eldringhoff

(Address) 720 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart's Date Feb 25 1935

19. UNDERTAKER Leitz & Zeller Inc

(Address) 720 W Baltimore St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1935 to Feb 21 1935

I last saw her alive on Feb 21 1935 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (bilateral)	Feb 21
Pulmonary edema	Feb 21

Other contributory causes of importance:

Mitral stenosis and insufficiency
Chronic myocarditis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Hurwitz M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. No. 09951 F 09951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 900 N Castle St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mallie Diegelman
(a) Residence: No. 900 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Diegelman
6. DATE OF BIRTH (month, day, year): Dec 25, 1869
7. AGE: Years 65 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER
13. NAME: Samuel Schneider
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Emma Martha
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Gertrude Schneider
(Address) 900 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place: Bullo Com. Date: Oct 23 19 35

19. UNDERTAKER: J. Aug Brack & Son
(Address) 1906 Eutaw St

20. FILED 19 Register No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 to Oct 21 1935
I last saw her alive on Oct 21 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Contributory Hemorrhage	Jan 1935

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. S. Gunn M. D.
(Address) 617 W Mount St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-a

F 09952

F 09952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-P

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1011 Russell St. St., 21 Ward)

Length of residence in city or town where death occurred 64 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franklin L. Jacob.

(a) Residence: No. 1011 Russell St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed or~~ divorced HUSBAND of (~~WIFE~~) ~~of~~ Mary Jacob.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Jacob.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT William F. Jacob. (son)
(Address) 1244 Hargest Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Feb 23rd 1935

19. UNDERTAKER E. Schlosman & Son
(Address) 163 Hanover st

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 20, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify

(Signed) Otto M. Steinhardt, M. D.
Coroner

2/20/35 (Address) 1017 E. Charles st.

M. D. B. 1-9 F 09953

F 09953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., ~~Hospital~~)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Hattie W. Wilson Moss

(a) Residence: No. Eccleston Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hunter Holmes Moss

6. DATE OF BIRTH (month, day, year) Nov. 23, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 years	2	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg Va

FATHER

13. NAME Jacob Blair

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Josephine Jackson

16. BIRTHPLACE (city or town) (State or country) W Va.

17. INFORMANT Chas B. Alexander

(Address) Eccleston Md

18. BURIAL, CREMATION, OR REMOVAL

Place Parkersburg W Va Date Feb 22 1935

19. UNDERTAKER Lemmy W. Perkins

(Address) N. Caroline & Orchard Sts

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1935 to Feb. 22, 1935.

I last saw her alive on Feb. 22, 1935. Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Cerebral thrombosis	Feb 15, 35
Cerebral Hemorrhage.	Feb 16, 35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles H. Conley M. D.

(Address) Union Memorial Hosp.

INSTRUCTION IS very important. See instructions on back of certificate.

M. D. B. No. F 09954

F 09954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter H Grant

(a) Residence: No. Marriottsville Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23 1880

7. AGE — Years: 54 | Months: 1 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ret. 0086

10. Date deceased last worked at this occupation (month and year) 1 8 35

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Charles J Grant

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Hannah O Ford

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT (Address) Edwin Grant Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL Date 1935

19. UNDERTAKER (Address) J M Cook 1217 E Fayette St

FILED FEB 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ungiv 19 to 19

I last saw h alive on ungiv 19 Death is said to have occurred on the date stated above, at 5 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	2/18/35

Other contributory causes of importance:

automobile accident	2/18/35

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/18/1935

Where did injury occur? Old Frederick Rd nr Catonsville (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by auto while

Nature of Injury walking across road

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John Edwin M. D.

Coroner

(Address) 1 Aisquith E Madison St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. R. 12-39 F 09955

F 09955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matthew White Parton

(a) Residence: No. Lexington, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed or divorced: HUSBAND of ~~Elizabeth~~ Unknown (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington, Va.

FATHER

13. NAME E. T. Parton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliz. White

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT M H Payton Jr
(Address) Lexington, Va

18. BURIAL, CREMATION, OR REMOVAL Lexington Va Date 2.27 19 33

19. UNDERTAKER Henry W Jenkins Sons Co
(Address) McCulloch & Garland Sts

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.27 33

22. I HEREBY CERTIFY, That I attended deceased from 2.27 19 33 to 2.27 19 33

I last saw him alive on 2.27 19 33 Death is said to have occurred on the date stated above, at 11 30 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2.22.33
C/K Coronary J Morrison	

Other contributory causes of importance:

Generalized arteriosclerosis ?
Hypertension

Name of operation 0 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B Gilleson M. D.

(Address) Union Memorial Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 12[illegible] F 09956

F 09956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyndenham Hospital — Registered No. 128

CITY OF BALTIMORE: (No. [illegible] St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Leona Hicks

(a) Residence: No. 1203 Glyndon ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13, 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Wynona Baltimore City

FATHER

13. NAME Harvey Hicks

14. BIRTHPLACE (city or town) (State or country) Buckeyville Baltimore

MOTHER

15. MAIDEN NAME Lola May Bell

16. BIRTHPLACE (city or town) (State or country) Worcester Co Md

17. INFORMANT (Address) 1203 Glyndon ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hope Date Feb 25, 1935

19. UNDERTAKER John Burns Sons (Address) Towson Md.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 19[illegible], to Feb 22, 19[illegible]

I last saw h[illegible] alive on Feb 22, 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	?
Ruptured Stomach	?
Peritonitis	?

Other contributory causes of importance: Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury [illegible], 19[illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Lyndenham Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. H. 1208 F 09957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09957

CERTIFICATE OF DEATH

XV 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Emory Finley

(a) Residence: No. 525 Anneslie Rd. St., Ward. Anneslie Balto Co Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 17, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Church Hill Md.

FATHER

13. NAME George Finley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susana Rochester

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Grason F. Wears (Address) 525 Anneslie Ave

18. BURIAL, CREMATION, OR REMOVAL Place Church Hill Date Feb. 25 1935

19. UNDERTAKER Wm. J. Tickner & Son. (Address) North & Penna

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Unsure . 19 , to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 3 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left tibia, fibula & femur	12/19/34
Pt. Lobar Pneumonia & Emphysema	2/15/35
Other contributory causes of importance:	
Automobile Accident	12/19/34

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12 19 1934

Where did injury occur? York Rd & Cedarcroft Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across road.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F Downs M. D.

Coroner

(Address) 2200 E Madison St

OCCUPATION IS very important. See instructions on back of certificate.

M. H. R. 1 (Rev. 1-34) 99958

F 99958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a-149b

1. PLACE OF DEATH: University Hospital

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2/ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mrs. Gladys Metzger

(a) Residence: No. 715 N. Bank St St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: John Metzger Jr.

6. DATE OF BIRTH (month, day, year): Nov 27th 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: George Parker

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Anne Brown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: John Metzger

(Address): 715 W. Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Pk Date: Feb. 25 1935

19. UNDERTAKER: William Cook

(Address): 1217 St. Paul St

20. FILED: FEB 23 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1935 to February 22, 1935

I last saw her alive on February 22, 1935 Death is said to have occurred on the date stated above, at 1:31 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema.	2-21
Cardiac Decompensation	2-19
Chronic Cardio Vascular Renal	unknown
Mitral Stenosis & Chronic	"
Bilateral Bronchopneumonia	"

Other contributory causes of importance:

Pregnancy and Labor.

Name of operation: Low Forceps Date of: Feb 21 35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. L. Savage, M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Form 3

M. D. B. 1268-9

F 09959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09959

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., ... Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby (girl) Gray

(a) Residence: No. 135 W Barre St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	infant

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2 - 19 - 36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) City

FATHER

13. NAME Edward Gray

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elsie Amos

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Geo. Gray
(Address) 135 W Barre

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 23 - 1936

19. UNDERTAKER Wm Bolk
(Address) 1207 St Paul st

20. FILED ... 19... Registrar.

B 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 22 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 2 - 19 - 1936 to 2 - 22 - 1936

I last saw him alive on 2 - 22 - 1936 Death is said to have occurred on the date stated above, at 6 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
7 1/2 months	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A. F. Conway, M. D.

(Address) Vol. Hospital

V S 3

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 12

F 09960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09960

137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hos St., 27 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J Cowan

(a) Residence: No. 3409 Dupont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Delia Cowan

6. DATE OF BIRTH (month, day, year) May 14, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	76	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1086

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jacob H Cowan

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Delia Albaugh

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hos. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emmitsburg Cath Cemetery Date Feb 25 1935
Border Md

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Feb 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1935 to Feb 22, 1935

I last saw him alive on 2/20/35, 19 Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Abscess	2/12/35

Other contributory causes of importance:

Urgemia	2/5/35
Pulmonary Edema	2/20/35
Benign Prostatic hypertrophy	1924

Name of operation Transurethral Resection Date of 1/30/35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so,

(Signed) J E Proctor M D M. D.
(Address) Md Gen Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 09961 ✓ F 09961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 452 Ilchester Ave St. 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Huff
(a) Residence: No. 452 Ilchester Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Henry C. Huff

6. DATE OF BIRTH (month, day, year) July 16th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 12 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Tredway

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Temima Duncan

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Clarence F. Tredway
(Address) 3215 Bagomar Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns (Werdenfl) Feb 25th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1935 to Feb 24 1935
I last saw him alive on Feb 21 1935 Death is said to have occurred on the date stated above, at 1030 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatitis	2 Wks
Acute Cardiac Dilatation	Dy.

Other contributory causes of importance:

Name of operation NO Date of NO

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury NO

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) J. Fred Adams M. D.

(Address) 500 N Wolfe St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 09962

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1847 E. 30th St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon F. Blackistone

(a) Residence: No. Hennansville Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Carrie Blackistone

6. DATE OF BIRTH (month, day, year) June 21st 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1086

10. Date deceased last worked at this occupation (month and year) Feb 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Carrie Blackistone

(Address) Hennansville Md

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place St Nicholas Md Date Feb 23rd 1935

19. UNDERTAKER Wm Cook

(Address) 1245 E Paul St

20. FILED FEB 23 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1935 to Feb 22 1935

I last saw him alive on Feb 22 1935 Death is said to have occurred on the date stated above, at 4:45 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. A. Fennemann M. D.

(Address) 2608 Harford Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. F. 120

T 09963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09963

CERTIFICATE OF DEATH

172-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General St., Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Miss Mary A. Garber

(a) Residence: No. 4423 Park Heights Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME George W. Garber

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Mary Borland

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md.

17. INFORMANT Mrs George Garber

(Address) 4423 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Feb 25 19 35

19. UNDERTAKER W. S. Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1935 to Feb. 22, 1935

I last saw her alive on Feb. 22, 1935 Death is said to have occurred on the date stated above, at 4.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	3 Days
Abdominal Adhesions	many years
Other contributory causes of importance:	
Cardiac Failure	6 Hours

Name of operation Release of Abdominal Adhesions Date 2-21-35

What test confirmed diagnosis? Clinical-Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John K Rozzell M. D.

(Address) West Baltimore Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 93

M. D. P. 1[illegible]-9 F 09964 ✓ F 09964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 350 E. 25 St. 12 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie L. Waller

(a) Residence: No. 350 E. 25 St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: Wt.
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —
6. DATE OF BIRTH (month, day, year): 1883
7. AGE: Years 52. | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 1037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Somerset Co Md

FATHER
13. NAME: Wm T. Waller
14. BIRTHPLACE (city or town) (State or country): Princess Anne Co Md

MOTHER
15. MAIDEN NAME: Mary E. Waller
16. BIRTHPLACE (city or town) (State or country): Princess Anne Co Md

17. INFORMANT: Louis Waller (Sister)
(Address) 350 E. 25 St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date Feb 23 1935

19. UNDERTAKER: Mary M. Medford
(Address) 501 E 22nd St Balto

20. FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21- 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coal Poisoning (Suicide)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At her home

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John H. Hammen M. D. Coroner

(Address) 1302 Portland Pl

B 28 1935

M. D. F. 268

F 09965

F 09965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

820

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Chester.

(a) Residence: No. 1609 Mc Elderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1884.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Dawson Chester.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Cooper.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bd. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Feb. 23 1935

19. UNDERTAKER Robert Williams

(Address) 1515 Mc Elderry St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 2/17, 1935

I last saw him alive on 2/17, 1935 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3 days.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Raleigh A Reitz, M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

0231035

M. D. H. 1268-9

F 09966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09966

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7/12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur H Schneider

(a) Residence: No. 10 W Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Chlora Schneider

6. DATE OF BIRTH (month, day, year) Dec 23 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook Bethford

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant 0021

10. Date deceased last worked at this occupation (month and year) Feb 11 1935

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Chlora Schneider

(Address) 10 W Lee st

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Feb 26 1935

19. UNDERTAKER John F Dennis

(Address) 715 Light St

20. FILED FEB 23 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5-10 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Kerrigan M. D.

Coroner

(Address) 1305 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 12[illegible] F 09967 ✓ F 09967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 So Potomac St., 1 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Becker

(a) Residence: No. 17 So Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Ella M Becker

6. DATE OF BIRTH (month, day, year) Dec 28 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	1324	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0014

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Farba

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ella M Becker

(Address) 17 So Potomac

18. BURIAL, CREMATION, OR REMOVAL

Place Lorelard Memorial Park Feb 23 1935

19. UNDERTAKER John A Morgan

(Address) 3000 E Baltimore

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 21. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1935 to Feby 20 1935.

I last saw him alive on Feby 20 1935. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Arterio sclerosis	2-19-35
Pulmonary Edema	2-21-35
Cardiac Paralysis & dilatation	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. V. Clift M. D.

(Address) 10 E Franklin St

OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] 09968 ✓ F 09968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 North East Ave St., 76 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? a yrs. ..... mos. ..... ds.

2. FULL NAME Susanna Johanna Jacobi Voelker

(a) Residence: No. 31 North East Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 19, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Koehler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frederika Steinfeldt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Susanna Werner

(Address) Wilmington - Delaware

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls cemetery Date 2/23/ 1935

19. UNDERTAKER J. J. Moran

(Address) 1300 E Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1935

22. I HEREBY CERTIFY, That I attended deceased from October 6 1934 to Feb 21 1935

I last saw her alive on Feb 21 1935 Death is said to have occurred on the date stated above, at 6.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lues (Non Stain - nerve Senility:	1-2 yr.
Bronchopneumonia	4 days

Other contributory causes of importance:

Carcinoma right breast

Chron Myocarditis & arteriosclerosis

Cerebral thrombosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Julius H. Gordon M. D.

(Address) 340 E. Baltimore St

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-A

F 09969 ✓ F 09969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N. WILCOX STREET St., 10 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME SOPHIA SIMPSON

(a) Residence: No. 1221 N. WILCOX STREET St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles Simpson

6. DATE OF BIRTH (month, day, year) Sept 6 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME — Annan

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Elizabeth Simpson

(Address) 2318 Mayfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 2/23/ 1935

19. UNDERTAKER Rogan

(Address) 3062 E Balto St.

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB. 19-1935 , 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12-1935 , 19 , to Feb. 19-1935 , 19 , last saw her alive on Feb. 19-1935 , 19 . Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HEMORRHAGE	2-12

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Reoanet M. D.

(Address) 801 N. KENWOOD AVENUE

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 09970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09970

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Annapolis Rd. Ward) 25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 1 mos. 26 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Lillian E. Meiken

(a) Residence: No. 2230 Annapolis Road St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick J. Meiken

6. DATE OF BIRTH (month, day, year) Dec 27 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore and

FATHER

13. NAME James Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Elizabeth Hoffner

16. BIRTHPLACE (city or town) (State or country) Baltimore Co md

17. INFORMANT Frederick J. Meiken

(Address) 2230 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 25, 1935

19. UNDERTAKER Fos Foerders & Son

(Address) 2145 E. Pratt St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1935, to Feb 22, 1935.

I last saw her alive on Feb 22, 1935. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	6 mos.

Other contributory causes of importance:

Hemiplegia	1 day

Name of operation No. Date of ...

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. G. Buchman, M. D.

(Address) 37 S. Stricker St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9

✓ F 09971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09971

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 14 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Smith.

(a) Residence: No. 2023 Etting. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jacob Smith

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME Rosy Edmonds ?

16. BIRTHPLACE (city or town) (State or country) Virginia ?

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Churchfield Va Date Feb 25th 1935

19. UNDERTAKER Thomas E. Wright
(Address) 2008 Eastern Ave

20. FILED 2/3 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/16, 1935 to 2/20, 1935

I last saw him alive on 2/20, 1935 Death is said to have occurred on the date stated above, at 5 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	3 days
Cerebral Hemorrhage.	5 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reiter M. D.

(Address) Balto. City Hosp.

VS 3

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 09972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09972

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Conner

(a) Residence: No. 216 N Duncan st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) date unknown 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. can maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George W Conner

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Cornelius Breshears

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Sarah Kayer
(Address) 1215 62 nd st

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Feby 23 1935

19. UNDERTAKER John Ellerick
(Address) 202 Eastern Ave

20. FILED 2/23/1935, 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo Cardal Insufficiency	Feb. 21 1935
Other contributory causes of importance:	
Chronic Myo Carditis	?

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine, M. D.
Coroner

(Address) 16 South Broadway

See instructions on back of certificate. Answer all questions as fully as possible. Write plainly. Do not abbreviate.

M. D. 124 F 09973

F 09973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Lenton Ave St. 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Roach

(a) Residence: No. 3203 Lenton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Roach

6. DATE OF BIRTH (month, day, year) Jan 5 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Nicholas Hermann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Fitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Roach

(Address) 3203 Lenton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Feb 23 1935

19. UNDERTAKER John Welsh

(Address) [illegible]

23 1935 , 19 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20/35

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1934 to February 21, 1935

I last saw her alive on Feb 20 35, 1935. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Cirrhosis of liver	[illegible]
	[illegible]
	[illegible]

Other contributory causes of importance:

Acute dilatation of heart

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Thomas J. Stinchcomb M. D.

(Address) 6016 Baltimore Ave

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of

M. D. B. 1268-9

16 F 09974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09974

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1331 N. Mont Ave St. 11 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Francis Keener Sr

(a) Residence: No. 1331 N. Mont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
99			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Francis Williams Sr

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rose Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Francis Keener
(Address) 1331 N. Mont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Feb 23 1935

19. UNDERTAKER John Wirth
(Address) 2211 Eutaw Place

20. FILED Feb 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/14 1935 to 2/21 1935

I last saw him alive on 2/21 1935 Death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthenia	2/13/35
intestinal nephritis	2/17/35

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Tuttell M. D.

(Address) 3902 Greenmount Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B 1268-9

F 09975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09975

CERTIFICATE OF DEATH

93 D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. MONTFORD AVE 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ELIZA "J." GREEN

(a) Residence: No. 700 N. MONTFORD AVE St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — — — — — — —

6. DATE OF BIRTH (month, day, year) AUG-17-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DRESSMAKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME.

10. Date deceased last worked at this occupation (month and year) 069

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE COUNTY MARYLAND

FATHER

13. NAME Joshua GREEN

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Rosa Kelso

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT George H. GREEN

(Address) 700 Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb. 23 '35

19. UNDERTAKER F. B. Wippert & Son

(Address) 1200 Eutaw Place

20. FILED FEB 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 / 35

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insufficiency ?	

Other contributory causes of importance:

arterio-Sclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D

(Address) 16 S. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 09976 ✓ F 09976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 2603 Goodwood Road

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothea Funk

(a) Residence: No. 2603 Goodwood Road St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George Funk

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Meid

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Geiger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. George Funk

(Address) 2603 Goodwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Feb. 25, 1935

19. UNDERTAKER Fink Funeral Home

(Address) 7401 Belair Rd.

[illegible] 19 ..... Registrar.

FEB 23 1935 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1934 to Feb 21, 1935.

I last saw h[illegible] alive on Feb. 21, 1935 Death is said to have occurred on the date stated above, at 12:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
(First known March 1933)	
Other contributory causes of importance?	
Myocardial failure	2-21-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. H. Pearce M. D.

(Address) 2502 Garrod Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 09977 Curtis F 09977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Brentwood St. 17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Curtis

(a) Residence: No. 3211 Brentwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Curtis

6. DATE OF BIRTH (month, day, year) 1883?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robert Curtis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Susie Curtis
(Address) 2323 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 2/23/35

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED FEB 23 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-19 , 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2-3 Dr Burns	
Dr W Bosley	

Other contributory causes of importance:

Heart disease	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... , 19....

Where did injury occur? At his home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Sleeping on couch when fell Caught fire from gas heater

Nature of injury 2-3 Dr Burns

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John Mowbray Coroner, M. D.

(Address) 102 Bloomsbury Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 09978

M. D. H. 1268-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09978

53-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ..... St., Maryland General Hospital Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. George Knapp.

(a) Residence: No. 405 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs George Knapp.

6. DATE OF BIRTH (month, day, year) Nov 3, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 605

10. Date deceased last worked at this occupation (month and year) 1 yr ago

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr George Knapp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maggie Wirth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Feb 25 1935

19. UNDERTAKER John M Weber
(Address) 401 E. Chester St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-11 1935 to 2-20 1935

I last saw him alive on 2-20 1935 Death is said to have occurred on the date stated above, at 6.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Tumor	3 mths
Cerebellar tumor	6 1933
Spinal Cord tumor	2 mths
	1932
Other contributory causes of importance:	
Cerebral hemorrhage	2-19-35

Name of operation Removal of Cerebral tumor Date of 2-19-35

What test was made to confirm diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John W Bazuaby M. D.
(Address) Maryland General Hosp

V S 3

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 09979

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09979

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 18 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Owens

(a) Residence: No. 219 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna.

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama.

FATHER

13. NAME Charles.

14. BIRTHPLACE (city or town) (State or country) Alabama.

MOTHER

15. MAIDEN NAME Rachel Owens.

16. BIRTHPLACE (city or town) (State or country) Alabama.

17. INFORMANT Wife
(Address) above.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 23, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

FEB 23 1935 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11 . 1935 to 2/20 . 1935

I last saw him alive on 2/20 . 1935 Death is said to have occurred on the date stated above, at 2 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	9 days
Congestive failure	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz . M. D.
(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

F 09580

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09980

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 McCulloh St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wendell D. Williams

(a) Residence: No. 2025 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 21, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas A. Williams

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Annie M. White

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Thomas Williams
(Address) 2025 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Mt Calvary Cem Date 2-23 1935

19. UNDERTAKER Francis A. Henley
(Address) 528 Preble St

20. FEB 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Feb 20, 1935

I last saw him alive on Feb 20, 1935. Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. S. McCaul M. D.
(Address) 2029 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1208-9

F 09981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09981

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Rutland Av St., 7 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Banks

(a) Residence: No. 927 Rutland Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Abraham Banks

6. DATE OF BIRTH (month, day, year) 8-2-78

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Dorrock

14. BIRTHPLACE (city or town) (State or country) Talbotter Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John Banks

(Address) 927 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 4th, 1935

19. UNDERTAKER Odd Snyder

Address 1129 Leadenhall St.

20. FILED FEB 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/12, 1935, to 2/21/35

I last saw her alive on 2/20, 1935. Death is said to have occurred on the date stated above, at 9:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2/11/35
Other contributory causes of importance: chr. myocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) 1500 E. Madison St

VS 3

OCCUPATION is very important. See instructions on back of certificate.

DEATH in plain terms, so that it may be properly classified. Exact statement of

F 09982

F 09982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Thompson

(a) Residence: No. 2222 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed or divorced HUSBAND of (or) WIFE of J. I. Thompson

6. DATE OF BIRTH (month, day, year) June 21, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Trout

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Fred Sheridan (daughter)
(Address) 2305 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date 2-24-35

19. UNDERTAKER Harry E. Dunkle & Co.
(Address) 401 Edmondson Ave

20. FILED FEB 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-35

22. I HEREBY CERTIFY, That I attended deceased from 2-17-35 to 2-21-35

I last saw her alive on 2-21-35. Death is said to have occurred on the date stated above, at 10 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2 Days

Other contributory causes of importance:

Auricular fibrillation, Chronic arteriosclerotic heart disease

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Allison M. D.

(Address) U.M.H.

V S 3

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 09983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09983

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229, 63rd St. St. 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Stewart Grimm

(a) Residence: No. 24 Main St. Follansbee W. Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed. odd

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Toronto Ohio.

FATHER

13. NAME Robert Grimm

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Elsie Coss
(Address) 1229 Phila Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Fallsington Pa Date Feb 23. 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED FEB 23 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1935 to Feb 22 1935

I last saw h[illegible] alive on Feb 23 1935 Death is said to have occurred on the date stated above, at 1.40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Cardio - Vascular renal disease	1 yr
Other contributory causes of importance: Benign Prostatic Hypertrophy c Urinary Retention Uremia	3 day

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

I attended deceased from Feb 18 1935 to Feb 22 1935 and last saw h[illegible] alive on Feb 23 1935

(Signed) [illegible] M. D.

(Address) Rosedale Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

F 09984

M. D. F. 1565-3

09984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Swanger

(a) Residence: No. 2632 E Monument St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-22-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	12		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Carl Swanger

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Gartt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 2/25/35

19. UNDERTAKER J. H. Cook
(Address) 1217 St Paul St

20. FILED FEB 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1935 to Feb 22, 1935

I last saw him alive on Feb 22, 1935 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	
Pneumonia	
Sept. caus — pneumococcus	
Meningitis pneumococcus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Lydia B Edwards, M. D.

(Address) JOHNS HOPKINS HOSPITAL

VS 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09985

F 09985 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William N. Konig.

(a) Residence: No. 3255 Newkirk St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma.

6. DATE OF BIRTH (month, day, year) 7/7/56.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Konig

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Catherine Dorreste

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT (Address) John Harnett. (grandson) above

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date Feb 26 1935

19. UNDERTAKER Tilly & Zeiler Sons (Address) 405 S Monroe

20. FILED 19 Registrar

FEB 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/17 1935 to 2/22 1935

I last saw h alive on 2/22 1935. Death is said to have occurred on the date stated above, at 1 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
c Congestive failure	2 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Roberta Reitz M. D.

(Address) Balto City Hosp

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Ages should be stated EXACTLY. PHYSICIANS should

M. D. B. 1205-0

F 09986

F 09986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 W. Lafayette Ave St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Franklin Hicks Sr

(a) Residence: No. 2429 W. Lafayette Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M. Osterhaus Hicks

6. DATE OF BIRTH (month, day, year) Oct 5th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	4	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whyte Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Christopher Hicks

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Do

17. INFORMANT Geo. F. Hicks Jr.

(Address) 2429 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 2/25/35 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2513 Edmondson Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1935 to Feb. 21, 1935.

I last saw h.. alive on Feb. 21, 1935 Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	2/15/35
Arteriosclerosis	Several yrs ago?
Arterial Hypertension	
Chronic Int. Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George E. Lipsey, M. D.

(Address) 43 S. Patterson Park Ave

V S 3

Information cannot be correctly supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1269

F 09387

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09387

CERTIFICATE OF DEATH

147

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Goldie Walker

(a) Residence: No. 616 S. Fremont Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/11/1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
17	18	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Joseph Posey

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Rida Walker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph Posey
(Address) 540 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Alhem Date 2/23 1935

19. UNDERTAKER Walter B. Spriggs
(Address) 1349 W. Hamburg St.

20. FILED (Date) Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Feb. 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1935 to Feb. 19 1935

I last saw her alive on Feb. 19 1935 Death is said to have occurred on the date stated above, at 9 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperemesis Gravidarum - Toxic	Jan 5, 35
Other contributory causes of importance:	
Circulatory Collapse.	Feb 18, 35

Name of operation Abd Hysterotomy Date of Feb 18, 35

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Savage M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

PHYSICIANS should

M. D. B 1268-9

F 09988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09988

CERTIFICATE OF DEATH

46-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 21 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Molton

(a) Residence: No. 919 China St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Molton

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Frank Morris
(Address) 919 ChinaSt

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 2/23, 1935

19. UNDERTAKER Walter R. Spigler
(Address) 139 W. Hamburg St.

20. FILED FEB 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 17/35 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw h__ alive on _____, 19__. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:

Carcinoma of Sigmoid
with perforation

Name of operation Exploratory Date of Feb 16/35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) _____, M. D.
Coroner

(Address) 506 Munsey

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-6

F 09989 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 09989

CERTIFICATE OF DEATH

94-8

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sigmund Stern

(a) Residence: No. 3804 Forest Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Bertha Stern

6. DATE OF BIRTH (month, day, year): June 5/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: ??? Stern

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Bertha Stern, 3804 Forest Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto. Hebr. Cem. Date: 2/24/ 1936

19. UNDERTAKER (Address): Abrid Sondheim & Son, 1902 Eutaw Place

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 21/36. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 6.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Coroner . M. D.

(Address) 508 E Fayette St.

FEB 23 1936

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 09990 ✓ F 09990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 1351

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts St., 97 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel S. Kann

(a) Residence: No. Esplanade Apts St., 97 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie R. Kann

6. DATE OF BIRTH (month, day, year) May 25, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Solomon J. Kann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Steinhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carrie R. Kann
(Address) Esplanade Apts. 97.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Feb. 24, 1935

19. UNDERTAKER Harry Goodheim & Son
(Address) 1902 Eutaw Place

20. FILED FEB 23 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1935, to Feb 21, 1935

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 years
Myocarditis	10 years
Other contributory causes of importance:	
Uremia	14 days

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lisser, M. D.

(Address) Temple Harden Apts

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 09991 (Weisenfeld) ✓ F 09991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Notre Dame Cooley ST., 2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sister Mary Thomas (Weisenfeld)

(a) RESIDENCE NO. Notre Dame College ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 31 1846

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	8	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of indastry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Weisenfeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Suess

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sisters Notre Dame

(Address) Charles St Ext

15 Filed ..., 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 (19)3[illegible]

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 19[illegible], to Feb 22 19 36.

that I last saw h... alive on Feb 22, 19 36

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) arterio sclerosis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Law Smith M. D.

2 27 36 (Address) 4706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Govenstown Private — DATE OF BURIAL Feb 25 1936

20 UNDERTAKER Frank A. Fink — ADDRESS 916 N. Gay

IMPORTANT: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 09992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09992

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S.Bouldin St., 76 Ward) 30

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Tosches

(a) Residence: No. 313 S.Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquale Calzone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmela Cotrone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Tosches
(Address) 313 S.Bouldin

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Ce. Feb.25 1935
Place Date 19

19. UNDERTAKER Frank Della Noce
(Address) 52 N. Motley St.

2-23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22 35

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1935 to Feb 22 1935

I last saw h alive on Feb 21 1935 Death is said to have occurred on the date stated above, at 12 hours

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Colitis Contributory

Name of operation Date of

What test confirmed diagnosis Culture Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) [illegible] M. D.

(Address) 3018 Ellerslie Ave

V 43

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1265-9

F 09993 63-8-0 ✓ F 09993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Eutaw Place St., 14th Ward)

Length of residence in city or town where death occurred -- yrs. 1 mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Henry Yewell Bready

(a) Residence: No. 1460 Eutaw Place St., Ward. Not 26

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Garey

6. DATE OF BIRTH (month, day, year) June 22, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME David Franklin Bready

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Edna Foree Garey

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Henry Yewell Bready Jr.

(Address) Washington, D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 2/25 35

19. UNDERTAKER Henry W. Meares & Son

(Address) 805 N. Eutaw St.

20. FILED 2/25/1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 13, 1935 to Feby 22, 1935

I last saw him alive on Feby 21, 1935. Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1931
Ch. Pyelitis many years duration	

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Keown M. D.

(Address) 1938 Linden Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

D 231835

M. D. P. 1268-9

09994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Burns - Towson undertaker

+ √ F 09994

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mason Memorial Hosp. St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Ellis Jones

(a) Residence: No. Stevenson, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME H E Jones

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Ella M Crue

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 2/23/35

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

20. FILED FEB 23 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2.23.35

22. I HEREBY CERTIFY, That I attended deceased from 2.19.35 to 2.23.35

I last saw him alive on 2.23.35 Death is said to have occurred on the date stated above, at 3.50 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar, bilateral — Date of onset 2.17.35

Other contributory causes of importance:

Remote heart disease
Mitral stenosis

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) B Gilleson M. D.

(Address) Mason Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09995

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. 35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hedys Grimes

(a) Residence: No. 1719 Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Sept 16, 1909

7. AGE: Years 25 | Months 4 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: 2, 000

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Charles Grimes

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Williams ?

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Records
(Address): Balto Md

18. BURIAL, CREMATION, OR REMOVAL: Lancaster Va
Place ... Date 2/24 ... 35

19. UNDERTAKER: Adolphus Halstead
(Address): 952 Druid Hill Ave

20. FILED ... 35 ... Registrar.

B 24 935 ... W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22 1935

22. I HEREBY CERTIFY, That I attended deceased (from Feb 11, 1935 to Feb 22 1935)

I last saw h. alive on Feb 21 1935 Death is said to have occurred on the date stated above, at 2:50 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobo-pneumonia	
Abscess - Gastric	

Other contributory causes of importance: Peritonitis, General 3 days

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel H Good M. D.

(Address) Balto City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 09996

HEALTH DEPARTMENT—CITY OF BALTIMORE

09996

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Barthlow

(a) Residence: No. 949 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 - 35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Barthlow

14. BIRTHPLACE (city or town) (State or country) Newcastle Va

MOTHER

15. MAIDEN NAME Madelia Woomer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Brother

(Address) 949 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pt Mt School Date Feb 23, 1935

19. UNDERTAKER

(Address)

20. FILED Feb 24, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	
Status Epilepticus	

Other contributory causes of importance:

None	

Name of operation None Date of Feb 21-35

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. Wahrenberg M. D. Coroner

(Address) ...

No. — State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 09997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto. Jen Hosp St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby. Girl Renner

(a) Residence: No. Bonnat West - Balto. Jen Hosp St., 101 N. Gilmor Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-22-35 9.17

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or 16 min.
premature (6 months)	(6)		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) West Balto - Jen Hosp

FATHER

13. NAME Jerlin Renner

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Gertrude Weeks.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med School Date Feb 23 . 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22 . 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 ..... to ..... . 19 .....

I last saw h... alive on 2-22-35 . 19 ..... Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
premature delivery (6 month)	

Other contributory causes of importance:

Appendectomy on mother. Jen Acute Purulent Appendicitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Melton Lewis . M. D.

(Address) W. B. J. H.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1935

M. D. B 1268-9

F 09998

HEALTH DEPARTMENT—CITY OF BALTIMORE

09998

CERTIFICATE OF DEATH

V 164-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 N Eden St., 10 Ward)

Length of residence in city or town where death occurred 25 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John O Osgood

(a) Residence: No. 1103 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Eugenia Osgood

6. DATE OF BIRTH (month, day, year): Oct 27 1908

7. AGE: Years 26 | Months 3 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Hopkins

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Chicago Ill

FATHER

13. NAME: Charles E Osgood

14. BIRTHPLACE (city or town) (State or country): Hudson Mass

MOTHER

15. MAIDEN NAME: Elizabeth Smallman

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Robert Eames
(Address) Washington D C

18. BURIAL, CREMATION, OR REMOVAL: Washington D C Date 2/24 1935

19. UNDERTAKER: Wm Cook
(Address) 1219 E Fayette St

20. FILED 19 Registrar.

B 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:15 before A.M.

The principal cause of death and related causes of importance were as follows:

Gas Asphixiation — Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Feb 23 1935

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home. Rubber tube attached to jet of gas range and tube in mouth.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner M. D.

(Address) 506 E. Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIANS should carefully supply.

V S 6

M. D. B 1268-9

F 09999

09999 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 09999

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1204 Bayard St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thos. E Hussey

(a) Residence: No. 1204 Bayard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Ida Hussey

6. DATE OF BIRTH (month, day, year) Dec 16th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O R R

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos. E. Hussey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ida Hussey
(Address) 1204 Bayard St

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date Feb 25th 1935

19. UNDERTAKER Tom Cook
(Address) 1217 E Pratt St

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from August . 1934 to Feb. 21, 1935 19

I last saw him alive on Feb. 21, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardia Insufficiency	
Other contributory causes of importance: Cardiac Failure General Anasarca	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Benjamin O. McCleary M. D.
(Address) 400 Payson St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 4 1935

M. D. B 1268-9

B 10000

10000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 N. Monroe St., 15 Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hanna Schuat.

(a) Residence 2108 Clifton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): M

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louis Schuat

6. DATE OF BIRTH (month, day, year): Feb 21 1887

7. AGE: Years 57 | Months 9 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Joe Schetkow

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Fannie Schetkow

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Louis Schuat 2108 Clifton St.

18. BURIAL, CREMATION, OR REMOVAL: Place Cornel Date 2-24-35 19

19. UNDERTAKER (Address): Jos. Kemp & Son 1439 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Uremia	

Other contributory causes of importance:

Name of operation: Regular Date of operation:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify

(Signed) H. Krinik M. D.
(Address) 1 E. Monroe

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1935

M. D. H. 1268-9

10001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Bateman Ave. Ward 15)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? 30 yrs. mos. da.

2. FULL NAME Raphael Schroeder

(a) Residence: No. 3308 Bateman Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) 2-8-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Isaac M

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Sinai Lorraine, Date 2/24/35 19

19. UNDERTAKER Sol Levy Inc

(Address) 1437 E. Fayette.

20. FILED FEB 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1933 to Feb. 23, 1935

last saw him alive on Feb. 21, 1935 Death is said to have occurred on the date stated above, at 1030A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal Disease probably associated with Arteriosclerosis and Hypertension	Few years
Other contributory causes of importance:	
Probable embolus (Condition extinct)	Few hours

Name of operation None Date of

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Fuooman M. D.

(Address) 2340 Eutaw Place

M. D. B. 1268-9

F 10002

F 10002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-F

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Kaufman

(a) Residence: No. 2439 Eager Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kaufman

6. DATE OF BIRTH (month, day, year) Jan 21 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Himmelhafen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kate S Zimman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Michael Kaufman,

(Address) 2439 Eager Place

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Feb 26 1935

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St.

20. FILED Feb 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26 1935

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1935, to February 27, 1935

I last saw her alive on February 27 1935. Death is said to have occurred on the date stated above, at 6:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia Lobaris	
2. Ind anaemia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 4 1935

M. D. B. 1268-9

F 10003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10003

✓ 106-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 E. 31st St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Noah Underwood

(a) Residence: No. 1815 E. 31st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Underwood

6. DATE OF BIRTH (month, day, year): April 28-1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92	9	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupatinn:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Albert Underwood

14. BIRTHPLACE (city or town) (State or country): Boston, Mass

MOTHER

15. MAIDEN NAME: Elizabeth Joyce

16. BIRTHPLACE (city or town) (State or country): Boston, Mass.

17. INFORMANT: Mrs. E. T. C. Hoffstatter, (Address) 1815 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: Feb 25, 1935

19. UNDERTAKER: George W. Zibler (Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1935, to Feb 22, 1935

I last saw h[illegible] alive on Feb 22, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Bronchi (Central Cause)	2 Wks. ago.
Other contributory causes of importance: Senile - Nephritis. Infirm. old age	2.

Name of operation: — Date of: —

What test confirmed diagnosis: Physs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) C. H. Meyerd, M. D.

2/24/35 (Address) 1520 E. Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 4 1935

M. D. B. 1268-9

F 10004

F 10004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Glover St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann M. Koenig (King)

(a) Residence: No. 14 N. Glover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced WIFE of Charles P. Koenig

6. DATE OF BIRTH (month, day, year) Jan 10 - 1859

7. AGE — Years 75 | Months 11 | Days 19 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Theodore Jergens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Hentes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Koenig (Address) 14 N. Glover St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 2/25, 1935

19. UNDERTAKER J. A. Mogan (Address) 3000 E. Balto. St.

20. FILED 19 Registrar.

EB 24 1935

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1935 to 2/21, 1935

I last saw her alive on 2/17, 1935 Death is said to have occurred on the date stated above, at 11 8, m.

The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis — Date of onset

Other contributory causes of importance:

acute Cardiac Dilatation

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Virgil Littleton M. D.

(Address) 1304 E. Chase

M. D. F. 1268-9

10005 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 10005

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 21 4C Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Grace Burke

(a) Residence: No. 1143 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Dec 18, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER | FATHER

13. NAME Samuel W French

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Jennie Cobb

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT John Burke
(Address) 1143 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Feb 25, 1935

19. UNDERTAKER Vernon Kechner
(Address) 1532 Hollins St

20. FILED FEB 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1935 to 1-21, 1935

I last saw h[illegible] alive on 2-21, 1935 Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, left lower	2-15-35
Bronchopneumonia - rt.	2-15-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph E Bunford Jr. M. D.
(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10006

F 10006 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 S. Regester St., V Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Eakes

(a) Residence: No. 702 S. Regester St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George Eakes

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	58	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Frances Higgins

(Address) 6611 Laurel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 2/25 1935

19. UNDERTAKER Mrs. Faulconer

(Address) 618 Eastern Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan - 10 1935, to Feb - 21 1935.

I last saw her alive on Feb 16 1935. Death is said to have occurred on the date stated above, at 12:02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs?

Other contributory causes of importance:

none

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Nathan J. Davidson M. D.

(Address) 3228 Eastern ave

FEB 24 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1968-9

E 10007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10007

CERTIFICATE OF DEATH

200-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Davis Sidney Ware

(a) Residence: No. Hopkins Hospital St., Home Sewanee, Tenn. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 2/1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va

FATHER

13. NAME Sedley L. Ware

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Alice Turner Porter

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sewanee, Tenn. Date Feb. 24, 19 35

19. UNDERTAKER John D. Mitchell & Son, Inc.
(Address) 1900 Eutaw Place

20. FILED Feb 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at before 7.30 P. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Undetermined	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John D. Mitchell, Coroner, M. D.

(Address) 1086 N. Avenue

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

B 24 1935

M. D. B 1268-9

F 10008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10008

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Deborah Norwood.

(a) Residence: No. 111 N. Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 1933

7. AGE: Years 1; Months 6; Days 21; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Norwood.

14. BIRTHPLACE (city or town) (State or country): Miss.

MOTHER

15. MAIDEN NAME: Lottie Mary James

16. BIRTHPLACE (city or town) (State or country): Mobile Ala

17. INFORMANT: Lottie Norwood

(Address): 111 N Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place: Johnson Cem Date: 2-24, 1935

19. UNDERTAKER: W. B. Sanner

(Address): 139 N Eutaw St

20. FILED ..., 19... Registrar.

FEB 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident 3rd degree burns	
cc	

Other contributory causes of importance: Kettle hot water fell on child

Name of operation: Regular Date of: No

What test confirmed diagnosis: ... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury ..., 19...

Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury: Hot water fell on body

Nature of injury: Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify...

(Signed) H. Leuck Coroner, M. D.

(Address)

vse

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10009

HEALTH DEPARTMENT—CITY OF BALTIMORE

10009

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1706 McCulloh St., 14th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Harris

(a) Residence: No. 1706 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 16 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33 34	6	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Baker 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Harris

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah A. Waters

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maud Cook
(Address) 1722 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 2/25 1935

19. UNDERTAKER Rayner Sanders
(Address) 1413 E. Preston St

20. FILED FEB 21 1935 Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1935 to Feb. 22, 1935

I last saw h— alive on Feb. 22 1935. Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None If so, specify. .....

(Signed) Edward J. Wheatley, M. D.

(Address) 1230 Druid Park Dr

M. D. B. 1268-9

E 10010

10010 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette & Pulaski St., 28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Francis L. Voith

(a) Residence: No. 2911 Silverhill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Rieseth

6. DATE OF BIRTH (month, day, year) Nov. 28-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Voith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lee Canaan

(Address) 2911 Silverhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date 2/26/35 19...

19. UNDERTAKER J. Foley Sons

(Address) 1818 Light St.

20. FILED ... 19... ... Registrar.

FEB 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-22 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-20-1935 to 2-22-1935

I last saw him alive on 2-22-1935 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma (of Rt. Lung)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Daniel J. Shanahan M. D.

(Address) Bon Secours Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10011

F 10011 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 6 Ward)

Length of residence in city or town where death occurred, yrs. ... mos. ... ds. How long in U. S. If of foreign birth? yrs. ... mos. ... ds.

2. FULL NAME Edward A. Weiler

(a) Residence: No. 4509 Maine Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Jan. 8, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Rochus Weiler

14. BIRTHPLACE (city or town) (State or country) Bodenheim Germany

MOTHER

15. MAIDEN NAME Sophia Benheart

16. BIRTHPLACE (city or town) (State or country) Frankfort Germany

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 2/25/35 19

19. UNDERTAKER J. J. Tapley & Sons
(Address) 1311 Light St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1934 to Feb 22, 1935

I last saw h alive on Feb. 9, 1935 Death is said to have occurred on the date stated above, at 4.0 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Manic Depression psychosis	3 ½
Acute milky fluid in abdomen probably due to a Chronic pancreatitis	

Other contributory causes of importance:

Thrombosis of left Ventricle with transudate in both ~~chests~~ Pleural Cavities Adhesions of Pleura to Pericardium Bilateral Pleural Effusion

Name of ... Date of ...

What test confirmed diagnosis? Autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dominic P. Glorioso M. D.

(Address) 3326 Fredericks Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1935

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

10012 E 10012

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie A. Pfisterer

(a) Residence: No. 1247 William St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Pfisterer

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Charles Naoah

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Mary Naoah

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT A. A. Pfisterer
(Address) 1247 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 2/25/35 19

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1318 Light St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-21-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on Inquiry 19..... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolsim	Feb. 21 1935
Other contributory causes of importance:	
Accident	Jan. 24

Name of operation ..... Date of .....
What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1-24 19 35
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury Fell in home on floor
Nature of injury Fractured right femur

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Josh L. Valentine M. D.
Coroner
(Address) 16 South Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 24 1935

M. D. B. 1268-0

E 10013

10013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Battery ave St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C Kehne.

(a) Residence: No. 1211 Battery ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Can Eng Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME August Kehne

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Kehne

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs H. Kehne
(Address) Frederick Md

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick. Md Date 2/25/35

19. UNDERTAKER J. J. Tobey & Sons
(Address) 1318 Eight St.

20. FILED FEB 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Feb 18. 1935. to Feb 23 1935.

I last saw him alive on Feb 23 1935. Death is said to have occurred on the date stated above, at 4 00 P.M.

The principal cause of death and related causes of importance were as follows:

Oedema of Lungs.

Date of onset

Other contributory causes of importance:

Lobar Pneumonia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) John A. Schaupeck M. D.

(Address) 1337 S. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. D. B 1268-9

10014

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10014

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 5306 Sipple Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Weber

(a) Residence: No. 5306 Sipple Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 6/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9 10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Bosch

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT Benhardt Christ
(Address) 5306 Sipple Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date 2/ 24 19 35

19. UNDERTAKER Leonard Kind
(Address) 5305 Linford Ave

20. FILED 2 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance:	
Senile degeneration	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 10015

10015 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5413 Summerfield Ave. Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William H. Hoyt

(a) Residence: No. 5413 Summerfield Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Uhell

6. DATE OF BIRTH (month, day, year) May 3 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Constructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Richard Hoyt

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary L. Hoyt wife
(Address) 5413 Summerfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem Date 2/14 1935

19. UNDERTAKER Leonard F. Hoyt
(Address) 1204 Hanford Rd.

20. FILED FEB 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22/1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1935, to Feb 22, 1935

I last saw him alive on Feb 22, 1935. Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2/20/35
Other contributory causes of importance:	
Tb Laryngitis	2/13/35

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) JS Harding M. D.

(Address) 4810 Belair Rd

S. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 10016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10016

CERTIFICATE OF DEATH

79-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman T. Richhorn

(a) Residence: No. 526 N. Potomac St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6/1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Herman G. Richhorn

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Bertha Brown

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Herman G. Richhorn

(Address) 526 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 25th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

FEB 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 13/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ... Coroner.

Use information supplied by family, supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1930 F 10017 F 10017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 N. Washington St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Neuberger

(a) Residence: No. 1530 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Bernard Neuberger

6. DATE OF BIRTH (month, day, year) Nov 10th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4 3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Herring

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Brockmeyer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT George T. Neuberger

(Address) 1530 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Feb 26th 1935

19. UNDERTAKER Wm Cook

(Address) 1209 E. Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935 to Feb. 23, 1935.

I last saw her alive on Feb 23 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	

Other contributory causes of importance:

Acute Cardiac Dilatation	

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Virgil Litton M. D.

(Address) 1304 E. Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28 F. 8 [illegible] F 10018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10018

107-a

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2712 Oswego Av ST. 15 WARD)

2—FULL NAME Vincenzo Di Stefano

(a) RESIDENCE NO. 2712 Oswego Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Serafina Di Stefano

6 DATE OF BIRTH (month, day, and year) Sept 8 - 1860

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stone mason

(b) General nature of industry, business, or establishment in which employed (or employer) 007

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Luigi Di Stefano

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria Guardina

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Serafina Di Stefano

(Address) 2712 Oswego Ave

15 Filed [illegible], 19[illegible] [illegible] Registrar

FEB 25 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 22 - 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb 3, 1935, to Feb 22, 1935, that I last saw him alive on Feb 22, 1935, and that death occurred, on the date stated above, at 11 45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho - Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi & Di Stefano M. D.

Feb 23, 1935 (Address) 407 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer — DATE OF BURIAL Feb 25 1935

20 UNDERTAKER Albert W Beregoy — ADDRESS 440 E north Av

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1758-9

F 10019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10019

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Good Shepard Hosp St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Parker

(a) Residence: No. 1022 W Franklin St., Ward. Mutual Cal Co

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Parker

6. DATE OF BIRTH (month, day, year): 1865

7. AGE: Years 70 | Months 69 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Father Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs Wallace

(Address): 1022 W Franklin

18. BURIAL, CREMATION, OR REMOVAL: Mutual Calvert Co Date FEB 25 1935

19. UNDERTAKER: Samuel W. Chase Sons

(Address): 628 N. Eutaw

20. FILED FEB 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19.. I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of Illness
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Fuchs M. D. Coroner

(Address)

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 566

M. D. F 10020

F 10020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 7 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry H. Jones

(a) Residence: No. 2722 W. Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Jones

6. DATE OF BIRTH (month, day, year) July 6, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car Co

10. Date deceased last worked at this occupation (month and year) 8-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Oliver Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ida Ruley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md. Cecil Co Md

17. INFORMANT Mrs Ida E Jones

(Address) 2222 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Feb 26, 1935

19. UNDERTAKER Wm J Fichtner & Sons

(Address) North & Fa...

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-23, 1935, to 2-24-35, 19...

I last saw h in alive on 2-24-35, 19... Death is said to have occurred on the date stated above, at 1:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	
Other contributory causes of importance: Cardio-vascular renal disease	
Uremia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Theodore A. Schwartz, M. D.

(Address) 40 Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 120-9 E 10021

E 10021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Inf. St., 16 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Edwin Pryce (Edwin Frances Pryce)

(a) Residence: No. 3014 Grayson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Jane Pryce

6. DATE OF BIRTH (month, day, year): Oct. 24, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	129	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Booth Packing Co.

10. Date deceased last worked at this occupation (month and year): Dec 27

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Thomas Pryce

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Ellen Evans

16. BIRTHPLACE (city or town) (State or country): Wales

17. INFORMANT (Address): Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 25, 1935

19. UNDERTAKER (Address): Wm. J. Tickner & Son Bath & Pa.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1935 to Feb. 22, 1935

I last saw him alive on Feb. 21, 1935 Death is said to have occurred on the date stated above, at 7:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal abscess	Feb. 6, '35
Generalized peritonitis	
Paralytic ileus	Feb 20, '35

Other contributory causes of importance:

Name of operation: Drainage of app. abscess Date of: 2/17/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard V. Lowe, M. D.

(Address) Church Home + Infirmary

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 10022

F 10022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 832 N. Kenwood Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah C. Fisher

(a) Residence: No. 832 N. Kenwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Benjamin F. Fisher

6. DATE OF BIRTH (month, day, year) March 13,

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Henry Zimmerman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Maria Fisher

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Ida Landefeld

(Address) 832 N Kenwood

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Feb 25, 1935

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Ave.

20. FILED [illegible] 19[illegible]

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1935 to Feb. 22, 1935

I last saw h[illegible] alive on Feb. 22, 1935. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 Mos.

Other contributory causes of importance: Acute Dilatation of Heart

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J Schnit M. D.

(Address) 701 N. Kenwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 25 1935

M. D. B 1268-9

F 10023 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10023

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Gen'l Hos. St., 12 Ward)

Length of residence in city or town where death occurred 57 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Augusta Wilhelmina Hysan

(a) Residence: No. 3110 Abell Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Martin Hysan

6. DATE OF BIRTH (month, day, year) Dec. 15 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (803)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Myokl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kate Schuster

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Charles A. Hysan

(Address) 3110 Abell Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Feb 28 1935

19. UNDERTAKER Wm. Fickey Sons

(Address) North & Paines.

20. FILED ... 19... FEB 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Fractured Skull	

Other contributory causes of importance: Fell downstairs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 22 35

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Natnre of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner M. D.

(Address) ...

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 4268-9 F 10024

F 10024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Cedardale Rd 15 St. ..... Ward)

Length of residence in city or town where death occurred 86 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rachel Rebecca Kelly

(a) Residence: No. 3412 Cedardale Rd St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kelly

6. DATE OF BIRTH (month, day, year) Apr. 2 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md

FATHER

13. NAME Thos. Jas. Kelly

14. BIRTHPLACE (city or town) Snow Hill (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel Rebecca Collier

16. BIRTHPLACE (city or town) Snow Hill (State or country) Md.

17. INFORMANT Miss Ruth Kenney

(Address) 3412 Cedardale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Feb 25 1935

19. UNDERTAKER Wm. J. Tucker Sons

(Address) North & Bennadoes

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1935 to Feb 23 1935

I last saw h[illegible] alive on Feb 22 1935 Death is said to have occurred on the date stated above, at 7.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr

Other contributory causes of importance: Angina Pectoris

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) Chas J Bloke M. D.

(Address) 70 E Preston

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S. 3

M. D. B. 1268-B

F 10025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10025

CERTIFICATE OF DEATH

✓ 18

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Koros

(a) Residence: No. 807 S Glover St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 7/1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Stanislaus Koros

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Veronica Urzeniczka

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT (Address) Stanislaus Koros 807 S. Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place ST. STANISLAUS Date 2/25 19 25

19. UNDERTAKER John J Duda (Address) 2811 Hudson St

20. FILED ..... 19..... Registrar.

FEB 25

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.40 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (meningococcic?)	
	abt

Other contributory causes of importance:

Tonsilitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Hoen Coroner, M. D.

(Address) 108 E Lanvale

Information should be carefully supplied. Age should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 56

M. D. B. 1268-9

F 10026

10026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5251 Linden Heights Ave (Ward) 27

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olivia Gibson

(a) Residence: No. 5251 Linden Heights Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Owen M. Gibson

6. DATE OF BIRTH (month, day, year) Sept 21, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 403

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Harrison L. Gibson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Shuster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dr Oscar L. Gibson

(Address) 20 Fink Ave (Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Miranda Memorial Chapel

Place Huntingtown, Md. Date 2/25/, 1935

19. UNDERTAKER Foley Conway & Son

(Address) 601 Hollins St

20. FILED FEB 25 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23/, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 .. to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

Fracture base of Skull

Data of onset

Other contributory causes of importance:

Fell in yard at Her home

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 2/23, 1935

Where did injury occur? at her home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Home

Manner of injury Fell in yard

Nature of injury Fracture base of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Mooney Coroner, M. D.

(Address) 2512 Orleans St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

M. D. R. 1268-a

F 10027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10027

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St., 14 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hyter Clatterbuck

(a) Residence: No. 1925 Penna Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Billie Clatterbuck

6. DATE OF BIRTH (month, day, year) May 10 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64 62 64	1 9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King George Va

FATHER

13. NAME John Clatterbuck

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hallie Hallcock

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Billie Clatterbuck

(Address) 1925 Penna. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Albany Cemetery Date Feb 25 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St.

20. FILED FEB 25 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) B O Herrmann M. D.
Coroner

(Address) 1305 N Patterson Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

FEB 25 1935

M. D. Form 2

F 10028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10028

CERTIFICATE OF DEATH

343-93D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 4 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John. Williams

(a) Residence: No. 307 N. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ling.

6. DATE OF BIRTH (month, day, year) 8/15/1903.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Adam.

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Sarah Jackins

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Feb. 25 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St.

20. FILED FEB 25 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/25 1934 to 2/21 1935

I last saw h.m alive on 2/21 1935 Death is said to have occurred on the date stated above, at 3 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & Congestive failure	2 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reyte M. D.

(Address) Balto. City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 10029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10029

CERTIFICATE OF DEATH

51-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis J. Eberhardt

(a) Residence: No. 2529 Arunah ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Reitz Eberhardt

6. DATE OF BIRTH (month, day, year) May 5 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Business

10. Date deceased last worked at this occupation (month) (year) about 1923

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Eberhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mina Metz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Eberhardt

(Address) 2529 Arunah ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 2/26/35 19

19. UNDERTAKER Geo. L. Boyer Sr

(Address) 512 Pennington Ave

FILED FEB 25 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-35

22. I HEREBY CERTIFY, That I attended deceased from 2-18-35 19 to 2-23-35 19

I last saw him alive on 2-23-35 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-21-35
Acute Pulmonary Edema	2-21-35
Papillary Carcinoma of Bladder	Unknown

Other contributory causes of importance:

None

Name of operation Supra Pubic Cystotomy Date of Operation 2-10-35

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10030

M. D. F 10030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. 14-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 E. Pratt St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Mulligan

(a) Residence: No. 434 S. Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockclerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Milligan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Carter

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Laura Milligan
(Address) 434 S Parrish

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery 2/26/35

19. UNDERTAKER Guy C. Stanley
(Address) Fulton & Lafayette

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Visit Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E P Herzog M.D. M. D.
Coroner.

(Address) 1305 N Patterson Park ...

FEB 25 1935

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-9 F 10031 Keinig F 10031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 Scott St. 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irmgard Keinig

(a) Residence: No. 317 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Keinig

6. DATE OF BIRTH (month, day, year) March 9 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 +	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jno Knox

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jno Knox

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John F. Keinig
(Address) 317 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Feb 26 1935

19. UNDERTAKER Jno Ulrich & Sons
(Address) 2005 Eutaw

20. FILED Feb 25 1935 Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Feb 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1935 to Feb 23, 1935

I last saw h[illegible] alive on Feb. 23, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2/23/35
Other contributory causes of importance:	
Acute La Grippe.	2/18/35

Name of operation none Date of —

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Gordon M. D.

(Address) 888 N. Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10032

F 10032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 E Fayette St., 6 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Griffin

(a) Residence: No. 2023 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leo N Griffin

6. DATE OF BIRTH (month, day, year) Aug 22 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank L Turner

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margaret Cook

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs F C Furman

(Address) 1123 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 25, 1934

19. UNDERTAKER John H Welsh & Son

(Address) 2018 Orleans St

20. FILED Feb 25 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/21/1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934 to Feb 21, 1934

I last saw h alive on Feb 20, 1934 Death is said to have occurred on the date stated above, at 12 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of heart 09500	Feb 19

Other contributory causes of importance:

Diabetes Mellitus 09320 Feb 1934
Asthma 5950
Hemiplegia 09820

Name of operation Date of

What test confirmed diagnosis? Obvious Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A C Smith M. D.

(Address) 43 E Saratoga St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 25 1935

M. D. B 1938-9 F 10033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10033

CERTIFICATE OF DEATH

94a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S Broadway St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Cohen

(a) Residence: No. 116 S. Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2,

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Henry P Cohn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie J Kaufman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jack Cohn

(Address) 116 S Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date 2-25 , 19 35

19. UNDERTAKER Jacob Lewis Inc

(Address) 1434 E Baltimore St

20. FILED FEB 25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 , 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. K. Kerney M. D. M. D.

Coroner

(Address) 300 N Fallsway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 56

M. D. B 1268-9

F 10034

F 10034 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N. Ann St., 6 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Smulavies

(a) Residence: No. 115 N. Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster 0645

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Mendel

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Bessie Smulavies
(Address) 115 N. Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cemetery Date 2-25 1935

19. UNDERTAKER Jack Lewis Jr
(Address) 1326 Bolton St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency 9362	

Other contributory causes of importance:

History Cardiac Hypertrophy 9362	
Coronary Stenosis 9362	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm H Cain M. D.
Coroner

(Address) 508 E Fayette St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 28 1935

M. D. B 1268-9

F 10035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10035

CERTIFICATE OF DEATH

46-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Towanda Ave St., 15 Ward)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S. If of foreign birth 38 yrs. — mos. — ds.

2. FULL NAME Joseph Harry Brooks

(a) Residence: No. 3808 Towanda Ave St., 4th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Schectre

6. DATE OF BIRTH (month, day, year) 1889.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) April 1933

11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) ~~Austria~~ Rastadt / Austria
(State or country)

FATHER

13. NAME Max Brooks

14. BIRTHPLACE (city or town) Mesilonitz
(State or country) Austria

MOTHER

15. MAIDEN NAME Rae Bruches

16. BIRTHPLACE (city or town) Stasott Austria
(State or country)

17. INFORMANT Rebecca Tabb (Sister to deceased)
(Address) 5124 - 2nd St. N.W. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery Date 2/27/35 19....

19. UNDERTAKER Jos. Lemmon & Son
(Address) 1439 E. Balto St.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (month, day, year) Feb. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1935 to Feb. 23 1935

I last saw him alive on Feb 23 1935. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Carcinoma with metastasis to liver &.	6/1935
Chronic Interstitial nephritis	2/10/1934
Heart Failure	Feb/1935
Other contributory causes of importance:	
Gallstones	1933
Bilateral inguinal hernia	1932

Name of operation Laparotomy Date of 2/27/34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clinton J. Pharen M. D.

(Address) 3300 Garrison Blvd Balto

V 9 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1508-9

F 10036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10036

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Weber.

(a) Residence: No. 2106 Baker. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/9/1862.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME John. Weber

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Riehl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Beth.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 26 1935

19. UNDERTAKER Mr & Mrs. John W. Teufel
(Address) 801 W. Fayette St

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 2/23, 1935

I last saw h[illegible]live on 2/23, 1935. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
1 Bronchopneumonia	7 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 3

M. D.-B. 1263

F 10037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10037

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 Orleans St., 6 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Calvin Bowley

(a) Residence: No. 1806 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1891 Nov. 23rd

7. AGE: Years 43; Months; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: old

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto, Md

FATHER

13. NAME: James Jones

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emma T. Cook

16. BIRTHPLACE (city or town) (State or country): Longreen, Md

17. INFORMANT (Address): Mary Murray 1806 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place: National Cem. 2-25 1935

19. UNDERTAKER (Address): Bryon + Davis 1216 McCulloh St

20. FILED (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/12/33, 19 . to 2-21, 1935.

I last saw h. in alive on 2-21, 1935 Death is said to have occurred on the date stated above, at 7:05 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	2 yrs.
chr. myocarditis	?
chr. Interstitial Nephritis	?

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wayne Downey M. D.

(Address) 1500 E. Mad

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 10038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

296087

F 10038

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Pitts

(a) Residence: No. 1703 E Eager St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-17-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 0000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Daniel Pitts

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Viola Lucas

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Feb 25 1935

19. UNDERTAKER Mrs. Alfred A. Elliott

(Address) 1129 Caroline St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1935 to Feb 22, 1935

I last saw her alive on Feb 22 1935 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Dehy~~	
Pneumonia	2/20
Other contributory causes of importance:	
Dehydration	2/20
Acidosis	2/20

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) Woodbridge Elliott M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. Write plainly, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

P 25 1935

M. D. B. 1268-9

F 10039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10039

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Loudon Ave. St., 15 Ward)

Length of residence in city or town where death occurred 44 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Bertha Weil

(a) Residence: No. 2900 Loudon Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Isaiah S. Weil

6. DATE OF BIRTH (month, day, year) Feb. 14, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Marcus Adler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ---------- Adler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. I. Weil
(Address) 4027 Park Heights Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Cem. Feb. 26 19 35

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feby. 24 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/4/34 . 19 . to 2/27/35 . 19

I last saw her alive on 2/23/35 . 19 . Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Myocarditis	1927
	prev
Other contributory causes of importance: Hypertension	1932

Name of operation Exploratory Date of 1927

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Furbay . M. D.

(Address) 2320 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 10040 ✓ F 10040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10040

CERTIFICATE OF DEATH

93-P

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 23 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John N. Dorman.

(a) Residence: No. 15 W Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cornelia

6. DATE OF BIRTH (month, day, year) 10/10/76.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58.	4	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John W.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dennie V.?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bett.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb 26 1935

19. UNDERTAKER A. Haugh Evans
(Address) 38 & Fait Ave

Filed 19 Registrar.

B 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/20, 1934 to 2/24, 1935

I last saw him alive on 2/24, 1935 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & Congestive failure	18 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert H Pate M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 10041

F 10041 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Allendale St., 15 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theto Didier

(a) Residence: No. 2603 Allendale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmale

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frederick B. Didier

6. DATE OF BIRTH (month, day, year): Dec. 19, 1901

7. AGE: Years: 29 | Months: 2 | Days: 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ill.

FATHER

13. NAME: Ellis Aldrich

14. BIRTHPLACE (city or town) (State or country): Ill.

MOTHER

15. MAIDEN NAME: Bruce

16. BIRTHPLACE (city or town) (State or country): Ill.

17. INFORMANT: Mr. Frederick B. Didier

(Address): 2603 Allendale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem. Date: Feb. 26 1935

19. UNDERTAKER: Chas. D. Mitchell & Sons

(Address): 1900 Eutaw Place

FILED: FEB 25 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

(Date of onset)

Pulmonary Phthisis 1 year

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. B. Funk Coroner, M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V 56

F 10042

S. D. B. 1367-9

F 10042

HEALTH DEPARTMENT—CITY OF BALTIMORE

160-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Hospital for the Women of Md. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward) X

Length of residence in city or town where death occurred 0 yrs. 0 mos. 24 ds. How long in U. S. If of foreign birth? 0 yrs. 0 mos. 24 ds.

2. FULL NAME Baby Abell

(a) Residence: No. Ruxton Md St., Ward. Ruxton
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 24/35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
One hr.	—	—	—	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town). (State or country) Baltimore Md

FATHER

13. NAME Armiger S. Abell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eleanor D. Coyle

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Armiger S. Abell (father)
(Address) Ruxton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Park Date Feb 25 19 35

19. UNDERTAKER Stewart Memorial Co.
(Address) Baltimore

20. FILED FEB 25 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1935 to Feb 24 1935

I last saw him alive on Feb 24 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Beverley C. Compston M. D.

(Address) Womens Hosp

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1265

F 10043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10043

CERTIFICATE OF DEATH

160-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Frederick Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Glenn M. Smith

(a) Residence: No. 2234 Frederick Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) December 10-35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Glenn G. Smith
14. BIRTHPLACE (city or town) Frederick
(State or country) MD

MOTHER

15. MAIDEN NAME Margaret Cady
16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Glenn G. Smith
(Address) 2234 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Feb 25, 1936

19. UNDERTAKER J. Vernon Cochran
(Address) 1532 Hollins St

FILED 1936 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above at ... A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage	Feb 23-36

Other contributory causes of importance:

Unknown

Name of operation None Date of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Carlson M. D.
Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement ... OCCUPATION is very important. See instructions on back of certificate.

V S 6

FEB 25 1936

M. D. H. 1268-9

✓ F 10044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10044

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 1 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret Cravner.

(a) Residence: No. 510 South Collington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of William E.

6. DATE OF BIRTH (month, day, year) Sept. 15 1856.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Charles Weidner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William C. Cravner (Son)
(Address) 633 S. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb. 27 1935

19. UNDERTAKER Lilly & Feiler Inc
(Address) 105 S. Wolfe St.

FEB 25 1935

(Signed) [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1935 to Feb. 23 1935

I last saw her alive on Feb. 23 1935 Death is said to have occurred on the date stated above, at 1.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia -	
Stroke	2 days

Other contributory causes of importance:

Bronchial Asthma
Hypertension Heart Disease

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 10045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10045

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Palmer

(a) Residence: No. 1221 Ettings St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mail	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Samuel Palmer

14. BIRTHPLACE (city or town) Eastern shore
(State or country)

MOTHER

15. MAIDEN NAME Emma Jpardon

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Maggie Palmer
(Address) 1221 Ettings st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cmt Date Feb 25-35

19. UNDERTAKER E Ingl O Wilson
(Address) 100 Brantley ave Huntingtown Fairview

20. FILED FEB 25 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934 to Feb 22, 1935

I last saw him alive on Feb 22, 1935 Death is said to have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Toxemia due to	
Infected Abdominal &	
Perineal Wounds	Feb 22
2 Septicemia	Jan 21, 35
3 Peritonitis	"
4 Pelvic Cellulitis & Abscess	"
Other contributory causes of importance:	
Surgical Shock	Feb 22

Name of operation Exploratory Laparotomy, Resection of sigmoid & Rectum Date of 2-1-35

What test confirmed diagnosis? Clinically Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Adams, M. D.

(Address) Municipal Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 10046

10046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Englewood ave 27 (Ward)

Length of residence in city or town where death occurred 79 yrs. 7 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Owens

(a) Residence: No. 2810 Englewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Widow John A Owens

6. DATE OF BIRTH (month, day, year) July 15th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
79	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas Burbert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Sehley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs H Martin
(Address) 1715 N Bond st

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Feb 26th 1935

19. UNDERTAKER Geo Schillinger Sons
(Address) Arguello & Monument Sts

20. FILED 2/25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-27 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan-27 1935 to Feb 24- 1935

I last saw h.. alive on Feb-24- 1935 Death is said to have occurred on the date stated above, at 7-55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 1935
Other contributory causes of importance:	
Edema of Lungs	Feb 24 35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Gill Tracy M. D.

(Address) 1031 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F

M. D. B. 1268-9

10047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10047

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby (boy) Rickels

(a) Residence: No. 3102 Chesterfield Pl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: infant

6. DATE OF BIRTH (month, day, year): 2-24-35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 55 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: Richard J. Rickels

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Caroline Ickes

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Caroline Rickels

(Address) 3102 Chesterfield Pl

18. BURIAL, CREMATION, OR REMOVAL

Place: Wm Med School Date: Feb 25, 1935

19. UNDERTAKER:

(Address)

20. FILED: Feb 25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-24-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-24-1935 to 2-24-1935

I last saw h. alive on 2-24-1935 Death is said to have occurred on the date stated above, at 6.45 a.m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Exhaustion from	
marasmus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) A. J. Connolly, M. D.

(Address) 2 E. Hoffman

Commissioner Health

By ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 25 1935

1148

M. H. 10 (1934) F 10048

F 10048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Dennison St. St., 20 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia E. Linde

(a) Residence: No. 504 Dennison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late William Linde

6. DATE OF BIRTH (month, day, year) Oct. 23, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry Bowers

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Stump

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Erna Schoolherr (Address) 504 Dennison St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date Feb. 25, 19

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED [illegible] Registrar.

B 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1934 to Feb 23, 1935

I last saw her alive on Feb. 23. 1935 Death is said to have occurred on the date stated above, at 11 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pernicious anaemia	?
Other contributory causes of importance: ulcerative colitis	
cerebral hemorrhage	2/24/35

Name of operation none Date of

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Kemp, M. D.

(Address) 3016 Edmondson Ave.

Information called for on this certificate is required by law. Any false statement or omission may render the person responsible subject to fine or imprisonment. All questions must be answered by typewriting or printing in ink. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 10049

HEALTH DEPARTMENT—CITY OF BALTIMORE

10049

CERTIFICATE OF DEATH ✓ 11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Presstman St., 14 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Wilmer Phillips

(a) Residence: No. 312 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Elizabeth Phillips

6. DATE OF BIRTH (month, day, year) Oct 1, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) 2-15-35

11. Total time (years) spent in this occupation 19 yrs

12. BIRTHPLACE (city or town) (State or country) Mt. Washington Maryland

FATHER

13. NAME Briscoe Phillips

14. BIRTHPLACE (city or town) (State or country) Mt Washington Maryland

MOTHER

15. MAIDEN NAME Mary Catherine Boyton

16. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

17. INFORMANT Mary Elizabeth Phillips
(Address) 312 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 2/25 19 35

19. UNDERTAKER Bernard C. Hemsley
(Address) 618 Dean St

20. FILED ..... 19 .....

E 2-25-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 19 35

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 19 35 to Feb 22 19 35

I last saw h.im alive on Feb 22 19 35. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2-15-35
Other contributory causes of importance: Bronchopneumonia	2-17-35

Name of operation None Date of .....

What test confirmed diagnosis? Physical signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E. J. Camper M. D.

(Address) 639 N. Carey St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 10050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10050

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 W 37th St. St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie L. Lloyd

(a) Residence: No. 707 W 37th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George W Lloyd.

6. DATE OF BIRTH (month, day, year) July 4 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Israel Green

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT George W. Lloyd

(Address) 707 W 37th St

18. BURIAL, CREMATION, OR REMOVAL

Name Mary Hampden Date Feb 28, 1935

19. UNDERTAKER Geo. W. Lloyd & Son

Address 615 W. Lafayette Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1935 to Feb 24, 1935

I last saw her alive on Feb. 23, 1935. Death is said to have occurred on the date stated above, at 4:56 Am.

The prinripal cause of death and related causes of importanre were as follows:

	Date of onset
Cardio Renal Disease	not known
Uremia	Feb. 22, 35

Other contributory causes of importanre:

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Sperify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lyman A. Abbott, M. D.

(Address) 3939 Greenmount

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are held to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 25 1935

V S 3

Spec.—1-30—M. & T.—250 Bks.

F 10051

F 10051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 946 N Baltimore ST., 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Cosigny

(a) RESIDENCE NO. 946 N Baltimore ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Cosigny

6 DATE OF BIRTH (month, day, and year) Feb 21 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER George Mullen

11 BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Louise Lang

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md

14 Informant Mrs Elizabeth Cosigny

(Address) 946 N Baltimore St

15 Filed FEB 25 1935, 19 Huntington Ferguson, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 24th 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb 19th, 1935, to Feb 25th, 1935, that I last saw h alive on Feb 24, 1935, and that death occurred, on the date stated above, at 3.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) H H Hammer, M. D.

Feb 25, 1935 (Address) 924 E Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore

DATE OF BURIAL 2/27 1935

20 UNDERTAKER [illegible]

ADDRESS 1217 W Fay

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of DISEASE is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 10052

F 10052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward) 3A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Coats

(a) Residence: No. Hilltop Road, Catonsville St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	19		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Coats

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriett Thorpe.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lewis Coats

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge Md Date 2/26 19 35

19. UNDERTAKER Francis A Hemsley

(Address) 578 W Fayette St.

20. FILED 2 25 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-21 1935 to 2-24 1935

I last saw him alive on 2-24 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, entire left lung & lower lobe	2-18-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Burgdorf Jr M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 10053

10053 HEALTH DEPARTMENT—CITY OF BALTIMORE

53-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Nanticoke St. 21st Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Irene Wain

(a) Residence: No. 1118 Nanticoke St., 21st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White.	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Elmer Wain

6. DATE OF BIRTH (month, day, year) July 7 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42 43	3. 7	11 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) Jan, 1935

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Ottawa Canada

FATHER

13. NAME William Lapine

14. BIRTHPLACE (city or town) (State or country) Ottawa Canada

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Can.

17. INFORMANT Howard Elmer Wain
(Address) 1118 Nanticoke St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 2/27, 19

19. UNDERTAKER Edward White
(Address) 614 West Lee

FILED _____ Registrar.

B 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1935 to Feb 24, 1935

I last saw h alive on Feb 22, 1935 Death is said to have occurred on the date stated above, at 6 Am

The principal cause of death and related causes of importance were as follows:

Carcinoma of the thyroid — Date of onset

Other contributory causes of importance:

myocardial fibrosis

Name of operation none Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert J. Casso, M. D.

(Address) 2431 Washington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 10054

10054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Brooklyn 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3603 5th St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mazzie Miller

(a) Residence: No. 3603 5th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Miller

6. DATE OF BIRTH (month, day, year): July 6 1890

7. AGE: Years 44 | Months 8 | Days 14 16 | If LESS than 1 day.. hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brooklyn Md

FATHER

13. NAME: Charles R Grimes

14. BIRTHPLACE (city or town) (State or country): Sulley Md

MOTHER

15. MAIDEN NAME: Annie Fischel

16. BIRTHPLACE (city or town) (State or country): Brooklyn Md

17. INFORMANT: Mr Henry Miller

(Address) 3603 5th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Feb 26 1935

19. UNDERTAKER: John T Devaney

(Address) 765 Light St

FILED Feb 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22nd 34 to Feb 22 35

I last saw h alive on Feb 22 35 Death is said to have occurred on the date stated above, at 345 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	12/30/34
Lobar pneumonia	1/22/35

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W Johnson M. D.

(Address) 3564 Hanover St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 25 1935

M. D. B. 1268-9

F 10055

F 10055 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 William St. 24th Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Elliott Sr.

(a) Residence: No. 1427 William st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~wife~~) Minnie P. Elliott

6. DATE OF BIRTH (month, day, year) Jan 14 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sta. Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto P. D. 0086

10. Date deceased last worked at this occupation (month and year) Aug 14 1933

11. Total time (years) spent in this occupation 45 y.

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Daniel S. Elliott

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Virginia Essex

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Mrs Minnie Elliott

(Address) 1427 William st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Feb 26 1935

19. UNDERTAKER John F. Dumm

(Address) 715 Light st

20. FILED Feb 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2 1934 to Feb 23 1935

I last saw him alive on Feb 21 1935 Death is said to have occurred on the date stated above, at 145 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

Benign Hypertrophy of Prostat	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Kenneth D. Legg M. D.

(Address) Medical Arts Bldg Baltimore, Md.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 10056.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10056

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 N. Kenwood ave. St., Ward) 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary R. Bevans

(a) Residence: No. 26 N. Kenwood ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: (or) WIFE of John T. Bevans

6. DATE OF BIRTH (month, day, year): June 14 1849

7. AGE: Years 85 | Months 8 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Michael J. Nolan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Helmena Schubert

16. BIRTHPLACE (city or town) (State or country): On High Seas In Boat

17. INFORMANT: Mrs. H. B. Reid

(Address) 26 N. Kenwood ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date 2/26 1935

19. UNDERTAKER: J. J. Doran & Sons Inc.

(Address)

19 . Registrar.

B 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1935 to Feb. 22 1935

I last saw her alive on Feb. 22nd 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Gustav C. Thieme M. D.

(Address) 2601 E. Fairmount ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

(Greiser) ✓ F 10057

F 10057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 710 Springfield ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Greiser

(a) Residence No. 710 Springfield Ave. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6-DATE OF BIRTH (month, day and year) Nov. 14 1860

7-AGE 74 yrs. 3 mos. 10 ds. If LESS than 1 day, ...hrs. or.....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butler 0070

(b) General nature of industry, business, or establishment in which employed (or employer) J. Barton Jacobs

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country) Germany

PARENTS

10-NAME OF FATHER dont know

11-BIRTHPLACE OF FATHER (city or town) (State or Country) Germany

12-MAIDEN NAME OF MOTHER dont know

13-BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany

14- (Informant) Jno H. Greiser

(Address) 710 Springfield ave

15- Filed FEB 25 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) February 24/35

17- I HEREBY CERTIFY, That I attended deceased from February 19 1935 to February 24 1935 that I last saw h.. alive on February 24 1935 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(Duration) 2 yrs. 4 mos. 1 ds

18-Where was disease contracted — if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John A. Kumar, M. D.

19 (Address) 4707 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL New York bet 2 & 9 | DATE OF BURIAL 2/26 19 35

20-UNDERTAKER John A Moran | ADDRESS 3002 E. Baltimore

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1265-9

(Brennan) ✓ F 10058

F 10058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 E. West St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Mary Brennan

(a) Residence: No. 113 E. West St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos. F. Brennan

6. DATE OF BIRTH (month, day, year) Sept 16, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Cato, Md

FATHER

13. NAME Casper Becker.

14. BIRTHPLACE (city or town) (State or country) Cato Md

MOTHER

15. MAIDEN NAME Mary Bowers

16. BIRTHPLACE (city or town) (State or country) Cato Md

17. INFORMANT Mary Agnes Brennan

(Address) 113 E West St

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cemetery Date Feb 26, 1935

19. UNDERTAKER E A Fuhrman

(Address) 11 E West St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1929, 19... to Feb 21, 1935

I last saw h... alive on Feb 21, 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pancreatic Nephritis	Jan 1929
Other contributory causes of importance: Diabetes Mellitus, Paralysis (Hemiplegia), Bedsores, Cystitis	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John B Kolb M.D.

(Address) 1203 Eyler

M. D.

B 25 1935

F

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

10059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10059

34

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S Dallas St., 3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Taylor

(a) Residence: No. 222 S. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60 59	60	11 10	8 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hall Md

FATHER

13. NAME Edward Taylor

14. BIRTHPLACE (city or town) (State or country) Rock Hall Md

MOTHER

15. MAIDEN NAME Anna Banks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louisa Williams

(Address) 413 S Dallas

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 26. 1935

19. UNDERTAKER

(Address)

20. FILED Jan 25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19..... to , 19.....

I last saw h... alive on , 19..... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Probable Syphilis

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1305 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 956

M. D. H. 1265-2

F 10060

F 19788 / 29760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hennessey Grimes

(a) Residence: No. 103 St Catherine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary -

6. DATE OF BIRTH (month, day, year) 7/11/94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car

FATHER

13. NAME Julius Grimes

14. BIRTHPLACE (city or town) (State or country) N-Car -

MOTHER

15. MAIDEN NAME Georgiana Sluss

16. BIRTHPLACE (city or town) (State or country) N. Car

17. INFORMANT Friends -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Date Feb 26 19 35

19. UNDERTAKER Woodall Wagner

(Address) 340 W Saratoga St

20. FILED Feb 25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1935 to Feb 23, 1935.

I last saw him alive on Feb-23, 1935. Death is said to have occurred on the date stated above, at 6 30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobular Pneumonia	2-15-35
Operation Laparotomy, Appendectomy	2-17-35
Paralytic Ileus, Peritonitis	2-19-35
Reaction Dangerous Bowel.	2-22-35
Multiple Perforation - Colon	2-22-35

Other contributory causes of importance:

Name of operation Mickulicz peration Date of 2, 2, 35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Woodbridge E. Holmes M. D.

(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3 25 1935

M. D. B. 1268-9

F 10061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10061

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Hosp. St.. Ward) 13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James K. Combs.

(a) Residence: No. 3733 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John F. Combs.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary E. Lewis.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Ely N. Combs.
(Address) 3733 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Name Mount Market Balto Co md. Date Feb 27, 1935

19. UNDERTAKER Chenoweth Bro.
(Address) 345-17 Chestnut Ave

20. FILED Feb 25 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feby, 19 , to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 11:35 A m.

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/25, 1935

Where did injury occur? Druid Park Drive in Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking along street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph O'Conner, M. D.
Coroner

(Address) 1120 E Madison St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

B 25 1935

M. D. B. 1268-9

10062 E 10062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 21

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lewis

(a) Residence: No. 1359 Carroll st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 27, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H. Lewis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hattie ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lion Date February 28 1935

19. UNDERTAKER Joseph A Lively
(Address) 402 N. Mount St

20. FILED MAR 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23 1935

22. I HEREBY CERTIFY, That I attended deceased from February 14 1935 to February 23 1935

I last saw him alive on February 23 1935. Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer M. Sulkowe M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EASE OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 10063

E 10063 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepard Hosp St., (Ward) 22

Length of residence in city or town where death occurred 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernett Carey

(a) Residence: No. 610 Cornell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) Dec 24 1899

7. AGE: Years 35 | Months 1 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0040

12. BIRTHPLACE (city or town) (State or country) New Orleans

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) New Orleans

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New Orleans

17. INFORMANT Marie Carey

(Address) 610 Cordell

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Feb 28, 1935

19. UNDERTAKER Joseph A. Lowfer

(Address) 404 N Mount Street

20. FILED Feb 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... that I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Quirk M. D.
Coroner

(Address)

B 26 1935

MEDICAL CERTIFICATE OF DEATH in plain terms, so that it may be understood by the OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 10064

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10064

CERTIFICATE OF DEATH

107-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., ... Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Miller

(a) Residence: No. 1404 Belt St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude C Miller

6. DATE OF BIRTH (month, day, year) March 31 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	73	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Joseph Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marg. Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Gertrude Miller

(Address) 1404 Belt St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/25 1935

19. UNDERTAKER Margaret G Flynn

(Address) 1432 Light St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. F. Sergogne M.D. Coroner

(Address) 1305 N Fallsway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V 96

M. D. B. 1268-0

E 10065

10065 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 328 E. Lafayette Ave Ward) 12 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward M. Bennett

(a) Residence: No. 328 E. Lafayette Ave. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Sarah Mc. Kenna

6. DATE OF BIRTH (month, day, year) 1862 ~~70~~ yrs

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Bennett

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Kane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Sarah Bennett

(Address) 328 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Feb. 24 1935

19. UNDERTAKER Henry M Redfield

(Address) 501 E 22 St

19a. Filed ~~Feb~~ 1935 Registrar.

20. ~~FILED~~ ~~2-23-1935~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-23-1935

22. I HEREBY CERTIFY, That I attended deceased from June 7 1932 to February 22 1935

I last saw him alive on February 22 1935 Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis.	
Other contributory causes of importance:	
Exhaustion.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard E. Woodard M. D.

(Address) 530 E. North Avenue

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. 10066 F 10066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Madison St & Harford Ave St., 10 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip W. Forrest

(a) Residence: No. Madison St & Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

3a. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Mollie Forrest

6. DATE OF BIRTH (month, day, year) June 15, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 86

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John W. Forrest

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sarah E. Ray

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Agnes Banks

(Address) 2018 Cliftwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Feb 26 1935

19. UNDERTAKER John Cook

(Address) 1217 St Paul St

20. FILED FEB 26 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/22 1935 to 2/23 1935

I last saw him alive on 2/23 1935 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Eutaw St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 10067

F 10067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 S Bonsal St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Long

(a) Residence: No. 1115 South Bonsal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Amanda J Long

6. DATE OF BIRTH (month, day, year): Dec 18 1873

7. AGE: Years 61 | Months 4 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Frank Long

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mary Single

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Amanda Long

(Address) 1115 S. Bonsal St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date 2/27/35 19

19. UNDERTAKER: Williams & Cook

(Address) 1217 St Paul St

20. FILED FEB 26 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1934 to Feb 25 1935

I last saw h[illegible] alive on Feb 23 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 3507 Fait Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

FEB 26 1935

M. D. P. 1268-9

F 10068

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10068

CERTIFICATE OF DEATH

v 124-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Hartman Jr.

(a) Residence: No. 1837 N. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 24, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Custom House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John F. Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs. Bachmeyer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Holy Redeemer Cem. Date Feb 28 1935

19. UNDERTAKER George Koch Sons Inc
(Address) 301 E. Eager St.

20. [illegible] 1935
Registrar.

FEB 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1935 to Feb. 25 1935

I last saw him alive on Feb. 25 1935 Death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism - primary	prob. '35
Bronchopneumonia	Feb. 21, '35
Other contributory causes of importance: Cirrhosis of Liver - primary	prob. '35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Bostock M. D.

(Address) Maryland Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 10069

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10069

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME John Christopher Beck

(a) Residence: No. 3606 Clipper Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Beck

6. DATE OF BIRTH (month, day, year) Aug. 19, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Middletown Pennsylvania

FATHER

13. NAME Frederick Beck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Shipley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date Feb 27 19 35

19. UNDERTAKER (Address)

Feb 26 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 19 35

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 19 35 to Feb. 25 19 35

I last saw him alive on Feb. 25 19 35 Death is said to have occurred on the date stated above, at 2:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Feb. 21 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. W. Jacobson M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

F 10070

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10070

CERTIFICATE OF DEATH.

V 59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2524 Druid Hill ave ST., 13 WARD)

2-FULL NAME Maria W. Jenkins

(a) RESIDENCE NO. 2524 Druid Hill ave ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 25, 1851

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83 yrs	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None. ~~Housework~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Wash. D.C.

PARENTS

10 NAME OF FATHER: Thomas Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unkown

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unkown

14 Informant: Henry Jenkins

(Address): 2524 Druid Hill ave

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 2-24 1935

17 I HEREBY CERTIFY, That I attended deceased from 2/2/35, 19 ... to 2/24/35, 19 ..., that I last saw her alive on 2/23/35, 19 ..., and that death occurred, on the date stated above, at 1 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

(duration) 2(?) yrs. mos ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) T. P. Hughes, M. D.

2/25, 1935 (Address) 825 N. Fremont ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem.

DATE OF BURIAL: 2-27 1935

20 UNDERTAKER: Frances A. Hennessy

ADDRESS: 1178 W Biddle

B 26 1935

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1269-9

F 10071

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10071

CERTIFICATE OF DEATH

79-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (St.) (Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Harris

(a) Residence: No. 7625 Reisterstown Rd. (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob R. Harris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Vinit

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Sinai Hebrew Cem. Date 2/26/35 19

19. UNDERTAKER Jos. Levis & Bro. Inc.

(Address) 1300 E. Baltimore St.

FEB 26 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1935 to Feb 25 1935

I last saw him alive on Feb 25 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus (Type I) Meningitis	

Other contributory causes of importance:

Name of operation Ventricular puncture and cisterna drainage Date of 2-24-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard J. Abramowitz M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10072

F 10072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Loudale Old Home for Aged St. Hopkins Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Isidor Frees

(a) Residence: No. Belvedere Towers Apt. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sig Stublet Supt.

(Address) Belvedere Towers

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 2/26/35, 19

19. UNDERTAKER Jack Levin Sons

(Address) 1439 Eutaw St.

Embalmer's License No.

B 26 1935, 19 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1933, to 2-25, 1935

I last saw h[illegible] alive on 2-24, 1935 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Hemiplegia	
Hypertension	

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Edmund Levin, M. D.

(Address) Lowndale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10073

F 10073 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N Chapel St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Endres

(a) Residence: No. 216 N Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 11-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fred Endres

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Degen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Endres
(Address) 216 N Chapel

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Feb 27, 1935

19. UNDERTAKER Thomas F. Kelly
(Address) 87 Lincoln Ave

[illegible] 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935 to ... 19 ...

I last saw her alive on Feb 24, 1935. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	1930

Other contributory causes of importance:

Sclerosis Coronary Both legs	1930

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Stovall M. D.
(Address) 430 Washington

Information should be carefully supplied. All items must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

8 26 1935

Spec.—1-30—M. & T.—250 Bks

F 10074

F 10074 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. ✓ 11-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 W. 23rd ST., 17 WARD)

2-FULL NAME Nicholas Liddle

(a) RESIDENCE No. 120 W. 23rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12-8-1895

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Nicholas Liddle Sr.

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Emma Thomas

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country)

14 Informant Emma Liddle (Address) 120 W. 23rd St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-23-35

17 I HEREBY CERTIFY, That I attended deceased from 2-8, 1935, to 2-23, 1935, that I last saw h[illegible] alive on 2-23, 1935, and that death occurred, on the date stated above, at 10:30P. m.

The CAUSE OF DEATH* was as follows: La Grippe

Lobar Pneumonia

(duration) yr. mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis of Heart (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Exam.

(Signed) Wm. L. Bell, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Feb 25 1935

20 UNDERTAKER Samuel F. Etzwiler

ADDRESS 638 N. Eutaw

26 1935

TION is very important. See instructions on back of certificates.

M. D. F. 1768-9

F 10075

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10075

CERTIFICATE OF DEATH

✓ 93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Dead on arrival at Hopkins Hospital St., 9 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David E. Williams

(a) Residence: No. 1316 E. Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie

6. DATE OF BIRTH (month, day, year) Nov 2/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

FATHER

13. NAME David E. Williams

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

MOTHER

15. MAIDEN NAME Elizabeth ??

16. BIRTHPLACE (city or town) (State or country) Harford Ave., Md.

17. INFORMANT Lillie Williams

(Address) 1316 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bakers Chapel Harford County Date Feb 28 1935

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 7 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

History of Cardiac Hypertrophy etc.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner . M. D.

(Address) 508 E. North Ave

MAR 26 1935

OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. P. 1268-9 F 10076

F 10076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 138

1. PLACE OF DEATH U. S. Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Burns

(a) Residence: No. 115 Perry St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Ella Louis Smith Burns

6. DATE OF BIRTH (month, day, year) August 29, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 2-15-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Jacksonville, Fla.

FATHER

13. NAME Frank Burns

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Bradley

16. BIRTHPLACE (city or town) (State or country) Rosewood, Fla.

17. INFORMANT U. S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Feb 26 1935

19. UNDERTAKER E. Leroy Stubbs, Inc.
(Address) 1252 E. Northern Pkwy.

20. FILED 2 26 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 23 1935

22. I HEREBY CERTIFY, That I attended deceased from February 18 1935 to February 23 1935

I last saw him alive on February 23 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscesses of scrotum.	2-11
Septicemia, general, secondary	2-19

Other contributory causes of importance:

Name of operation Incision & drainage Date of 2-20-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. M. Townsend, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 10077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10077

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5615 Purdue Ave St., 27 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Syntis

(a) Residence: No. 5616 Purdue Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sylvester

6. DATE OF BIRTH (month, day, year) May 6/1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME Jacob Rohr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Milton Lucy
(Address) 5616 Purdue Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb. 27 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 1121 E. Monument Ave.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	

Other contributory causes of importance:

Fracture rt hip	Feb 16/3

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/16/35

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell in living room of

Nature of injury home

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Bacon M. D.
Coroner

(Address) 1-58 E Mnmt

M. D. D. 1934 10078 E 10078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xV 119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. / ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Siejack

(a) Residence: No. 503 E. 45 th. St. Colgate. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6. 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8 7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Siejack

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Dorothy Gladfelter

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Henry Siejack

(Address) 503 E. 45 th. St. Colgate

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb 27 1935

19. UNDERTAKER Fred W Rozewski

(Address) 1980 Eastend Ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 , 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11. 30 P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea- acidosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm J Dacey , M. D.

(Address) 508 E Fayette Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 10079

F 10079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 South Madeira St St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Hitchens

(a) Residence: No. 427 South Madeira Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of XXXXXXX Mrs. Mary Hitchens

6. DATE OF BIRTH (month, day, year) Feb, 18-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night, Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Langrall J.M.Co.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 006

12. BIRTHPLACE (city or town) (State or country) Deals Island Summer Set Co, Md.

FATHER

13. NAME George Wm. Hitchens

14. BIRTHPLACE (city or town) (State or country) Deals Island Summerset County, MD.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Hitchens
(Address) 427 South Madeira Street

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS. Date Feb 28th 1935

19. UNDERTAKER George A. Weber
(Address) 700 E Lann street

20. FILED FEB 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16th 1935 to Feb. 25th 1935

I last saw him alive on Feb. 25th 1935 Death is said to have occurred on the date stated above, at 2.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9 days
Arteri-Sclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. P. Keer M. D.

(Address) 408 Sharp St ave

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. R. 1268-9

F 10080 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10080

CERTIFICATE OF DEATH V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 6 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Minnie Finkel

(a) Residence: No. 108 North Hane St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of Samuel Finkel

6. DATE OF BIRTH (month, day, year) Dec 2/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Glass

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Stockman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Samuel Finkel

(Address) 108 N. Hane St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cal. Lawn Date 2-28-35

19. UNDERTAKER Philip Henry Law

(Address) 1 Eutaw Place

20. FILED FEB 26 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1935 to February 25, 1935

I last saw her alive on February 23, 1935 Death is said to have occurred on the date stated above, at 11 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis	
2. Peritonitis	

Other contributory causes of importance:

Name of operation Exploratory Date of 2-22-35

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) D. M. Wagenvelly, M. D.

(Address) St Josephs Hospital

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 10081

10081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. Rose St., 6 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David P. Gordon

(a) Residence: No. 8 N. Rose St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Gordon

6. DATE OF BIRTH (month, day, year) Dec 23/1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Gordon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bridget Casey

(Address) 8 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 2/27/35 19

19. UNDERTAKER Philip Herdig Sons

(Address) 2016 Eutaw St.

20. FILED . 19 Registrar.

FEB 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-24-35 19

22. I HEREBY CERTIFY, That I attended deceased from 1933 19 to 2-24-35 19

I last saw him alive on 2-23-35 19 . Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Terminal Bronchopneumonia	2-23-35

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) O. T. Engelken M. D.

(Address) 562 Cathedral

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10082

CERTIFICATE OF DEATH

158

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Minor

(a) Residence: No. 807 McCulloh St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) 12-3-54

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Baby
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Alfred Minor
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Elizabeth Minor
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Minor
(Address) 807 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Feb 26 1925

19. UNDERTAKER
(Address)

FILED FEB 26 1925 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24 1925

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. C. Luck Coroner, M. D.
(Address)

1162

M. D. B. 1208-9 F 10083

F 10083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Konstanty Abremski

(a) Residence: No. 2209 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leokadja Abremski

6. DATE OF BIRTH (month, day, year) February 12 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Abremski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Leokadja Abremski

(Address) 2209 Eastern Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Feb. 27. 1935

19. UNDERTAKER John H. Wilbur

(Address) 401 S. Chester St

20. FILED ... 19... a ... m. ... Registrar.

FEB 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(History of Hypertension etc)	

Other contributory causes of importance:

Impacted bowel with obstruction

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Grace, M. D.
Coroner

(Address) 508 E Monument

M. D. B 1268-9

F 10084

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10084

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3818 Greenmount Ave. Ward 12)

Length of residence in city or town where death occurred about 40 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Magraw Huggins

(a) Residence: No. 3818 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): March-10-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Independence Mo.

FATHER

13. NAME: Thomas J. Huggins

14. BIRTHPLACE (city or town) (State or country): Lexington Kentucky

MOTHER

15. MAIDEN NAME: Jane E. Magraw

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. Thomas J. Huggins (Brother)
(Address) 3103 Sherwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Feb 28 35, 19

19. UNDERTAKER: Stewart & Mowen Company
(Address) 108 W. North Ave.

FEB 28 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25 — 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1935, to —, 19

I last saw h— alive on Feb. 20, 1935. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	2-25

Other contributory causes of importance:

General arterio-sclerosis	5 yrs

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Harry E. Wilson, M. D.

(Address) 3 W. Biddle

M. D. F. 1268-9

✓ F 10085

10085 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 2 Hillside Rd. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 67 5 2

2. FULL NAME Howard Platt Sadtler

(a) Residence: No. # 2 Hillside Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L. Sadtler

6. DATE OF BIRTH (month, day, year): Sept-23-1867

7. AGE: Years 67 | Months 5 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Law office

10. Date deceased last worked at this occupation (month, day, year): Feb 24 1935

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Bolton Maryland

FATHER

13. NAME: Geo. V. Sadtler

14. BIRTHPLACE (city or town) (State or country): Bolton Maryland

MOTHER

15. MAIDEN NAME: Sophia Platt

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT (Address): Mrs Mary L Sadtler (wife) 2 Hillside Road.

18. BURIAL, CREMATION, OR REMOVAL: Place Kilmington Del Date Feb 27 35

19. UNDERTAKER (Address): Stewart Mortuary 108 W North Ave.

20. FILED: FEB 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1935 to Feb 25th, 1935

I last saw him alive on Feb 24th, 1935 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina - Pectoris (Coronary thrombosis)	2/24/35
Arterial Sclerosis (Cardiac)	Approx. several years
Indefinite symptomatic	

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos B E Deegan M. D.

(Address) 2 W Read st.

V 53 OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9z F 10686

F 10686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton aves 90 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Pascoe

(a) Residence: No. 336 Gwynn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John Pascoe

6. DATE OF BIRTH (month, day, year) June 21 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Eric Ellison

14. BIRTHPLACE (city or town) (State or country) Baltimore md.

MOTHER

15. MAIDEN NAME Alice Helm

16. BIRTHPLACE (city or town) (State or country) Baltimore md.

17. INFORMANT John Pascoe
(Address) 336 Gwynn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak. Lawn Cem Date Feb. 28 1935

19. UNDERTAKER Lilly + Deiler Inc.
(Address) 403 S Wolfe St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 2 - 25 1935 to 19

I last saw her alive on Feb. 25 1935 Death is said to have occurred on the date stated above, at 4 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Adhesions	
Acute intestinal obstruction	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon Koons M. D.

(Address) St Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

10087 ✓ F 10087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH House of the Good Shepherd

CITY OF BALTIMORE: (No. 15 S. Mount St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Semira Widdows

(a) Residence: No. 15 S. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Guilford, N. Car.

FATHER

13. NAME Nathan Widdows

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ellen Kersey

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sisters of Good Shepherd
(Address) 15 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 2/27/35 19

19. UNDERTAKER J. F. Foley & Sons
(Address) 1318 Light St.

26 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1935, to Feb 25th, 1935

I last saw her alive on Feb 25th, 1935 Death is said to have occurred on the date stated above, at 8 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb 24th '35

Other contributory causes of importance:

Hypostatic Pneumonia	Jan 1st '35

Name of operation None Date of —

What test confirmed diagnosis? Visual Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. A. Chatard M. D.

(Address) 806 N. Calvert St. Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

✓ F 10088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10088

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Dellwood Ave St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME George F. Bramble

(a) Residence: No. 1300 Dellwood Ave St., 13 Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Evelyn Bramble

6. DATE OF BIRTH (month, day, year): Aug. 28-1865

7. AGE: Years 69 | Months 5 | Days 27 | If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer 2045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Kent Co. Maryland

FATHER

13. NAME: Henry Bramble

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Susanna Coleman

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. Evelyn Bramble

(Address) 1300 Dellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Chestertown, Md. Date: Feb. 27- 1935

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

Time received: 1 P. M.

FILED: MAR 26 1935, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 25- 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1935 to Feb 25 1935

I last saw h— alive on Feb 24 1935. Death is said to have occurred on the date stated above, at 12-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Meningitis	about Feb 18
Other contributory causes of importance: Suppurative Otitis Media	Feb 15, 35
Post Influenza.	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury — , 19.....

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) E. W. Dieffenderfer M. D.

(Address) 850 W. 36 St.

State CAUSE OF DEATH in plain terms. So that it may be properly OCCUPATION is very important. See instructions on back of certificate.

3-26-1935

M. D. B. 1268-9

F 10089

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10089

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Tuberculosis Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Archie Jackson

(a) Residence: No. 1014 Carrollton Ave., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) S.C

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Feb 26th 1935

19. UNDERTAKER Archibald E. Gaefyes

(Address) 2401 Eutaw Pl.

[illegible] Reg.

FILED FEB 26 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1934 to Feb. 24, 1935

I last saw him alive on Feb. 23, 1935 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan. 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

10090

F 10090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Burnham

(a) Residence: No. 109 Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Mulatto.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie.

6. DATE OF BIRTH (month, day, year) 8/21/57.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77.	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont.

FATHER

13. NAME Jasper M. W.

14. BIRTHPLACE (city or town) (State or country) >

MOTHER

15. MAIDEN NAME >

16. BIRTHPLACE (city or town) (State or country) >

17. INFORMANT Records Bur'd.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER
(Address)

(Date) Received by Registrar.

AUG 26 1935

Huntington W. Va.

1949 Nov

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/20 1935 to 2/23 1935

I last saw him alive on 2/23 1935 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reuter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

10091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10091

34-J-74-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Langdon Nitch

(a) Residence: No. 1423 Jefferson. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5/23/14.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20.	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Columbus

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mazie Waters

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother above.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date 2-26 . 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11 . 1935 to 2/20 . 1935

I last saw him alive on 2/20 . 1935 Death is said to have occurred on the date stated above, at 4.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, acute	2 days
Cause unknown.	

Other contributory causes of importance:

over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

S 6 3

M. D. B 1268-9

10092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10092

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Madison Ave. 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius Noah

(a) Residence: No. 1106 Madison Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed or Divorced: [redacted]

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	50		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stoner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 60 Ld

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Noah

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Millie Washington

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Alice Noah
(Address): 1106 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Ft Mid Grave Date: Feb 6, 1935

19. UNDERTAKER: ...
(Address): ...

20. FILED FEB 6 1935, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation: Regular Date of: 00

What test confirmed diagnosis: ... Was there an autopsy?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. Falk Coroner, M. D.

(Address) Coroner

FEB 6 1935

1151

THE MORGUE

M. D. B. 1268-9

F 10093

F 10093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. ; St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Mathias Bryan

(a) Residence: No. 200 Valley St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Denver.

6. DATE OF BIRTH (month, day, year) April 10, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Bryan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eliza Lofton

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sister Stanislaus

(Address) 200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Feb 27, 1935

19. UNDERTAKER Edgar A. Bumgardner

(Address) 2000 Druid Hill Ave.

20. FILED FEB 26 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934 to Feb 25, 1935

I last saw him alive on Feb 22, 1935 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?

Other contributory causes of importance:

Arteriosclerosis	?
Hypertension	?

Name of operation Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Carter, M. D.

(Address) 1114 Hollins St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. [illegible]

E 10094

HEALTH DEPARTMENT—CITY OF BALTIMORE

10094

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1376 Hollins St., 15 Ward)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice R. Bush

(a) Residence: No. 1376 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. Bush

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Benj. Harris

14. BIRTHPLACE (City or town) (State or country) Balto Co, Md

MOTHER

15. MAIDEN NAME Cushwa

16. BIRTHPLACE (City or town) (State or country) Balto. Co. Md

17. INFORMANT (Address) Mr. John F. Bush 1376 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Mch 27 36

19. UNDERTAKER (Address) James E. Wright 700 N. Carrollton Ave

Date Filed Mar 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 24 1936

22. I HEREBY CERTIFY, That I attended deceased from March 17 1936 to March 24 1936

I last saw h[illegible] alive on March 17 1936 Death is said to have occurred on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
(a) Bronchopneumonia	7 ds	Mch 17 36
(b) Senility		
(c)		
(d)		

Other contributory causes of importance:

Influenza Mch 17 36
Cerebral Embolism
Hydrothorax

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. C. Tyler Med. M. D.

(Address) 917 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-0

F 10095

10095 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Hanna.

(a) Residence: No. none. Balto City Hos St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5/1/48.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87 67		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 6 or 9

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

FATHER

13. NAME Robert M. Hanna

14. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

MOTHER

15. MAIDEN NAME Hannah N. Waters

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Records Beth.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lincoln Presby. Date Feby 28 1935

19. UNDERTAKER Dennis Eaton
(Address) Belair Road

[illegible] Registrar.

FILED 2 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24. 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1/34. 1934 2/24. 1935

I last saw him alive on 2/24. 1935 Death is said to have occurred on the date stated above, at 8 PM. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & congestive failure.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Carter M. D.

(Address) Balto, City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 10096

10096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ... St. 25 ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stella Gertrude Brannen

(a) Residence: No. Emmitsburg Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles F. Brannen

14. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

MOTHER

15. MAIDEN NAME Clara Frailey

16. BIRTHPLACE (city or town) (State or country) Thurmont Md

17. INFORMANT Chas F. Brannen

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emmitsburg Md Date 2/28 1935

19. UNDERTAKER M. L. Eluff Jr.

(Address) Emmitsburg Md.

2 26 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1935 to Feb 26 1935

I last saw her alive on Feb 26 1935 Death is said to have occurred on the date stated above, at 11 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
L Bar Pneumonia	
Empyema	
Purulent Pericarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Simon L Kemp M. D.

(Address) St Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 10097

10097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 27 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Rose Schamel

(a) Residence: No. 3402 Belvedere Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Henry F. Schamel

6. DATE OF BIRTH (month, day, year) April 11th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Ridgely Moore

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Julia E. Porter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry F. Schamel

(Address) 3402 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date March 1st 1935

19. UNDERTAKER Weer & Son

(Address) Sykesville Md.

20. FILED FEB 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 31st, 1934, to Feb 26th, 1935

I last saw her alive on Feb 26th, 1935; Death is said to have occurred on the date stated above, at 2 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension	
Cardiac Decompensation	
Chronic Nephritis	
Cardiac Failure	Feb 26 '35

Other contributory causes of importance:

Multiple Carbuncles of Back

Name of operation Incision & Drainage Date of 2-26-35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Lauriston S. Leary M.D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10098

10098

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Wissel

(a) Residence: No. 114 Mallow Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma E

6. DATE OF BIRTH (month, day, year): July 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Burpee Seed Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Francis Wissel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Linsenbarth

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Emma E. Wissel 114 Mallow Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Feb 27 '35

19. UNDERTAKER (Address): Albert W. Dewey 440 E. Madison St

Filed: 2 26 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1935, to Feb 24, 1935

I last saw alive on 19. Death is said to have occurred on the date stated above, at 5.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture Left Tibia & Fibula	12/15/34
Broncho Pneumonia	2/14/35
Other contributory causes of importance:	
Automobile Accident	12/15/34

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/15/1934

Where did injury occur? Frederick Ave & Bentalou St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Street Accident

Manner of injury Struck by auto while standing on pavement.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10099

HEALTH DEPARTMENT—CITY OF BALTIMORE

10099

186-a

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24 Ward)

Length of residence in city or town where death occurred 60 yrs. ---mos.--ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine McLaughlin.

(a) Residence: No. 1831 Light St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Luke McLaughlin.

6. DATE OF BIRTH (month, day, year) January 1, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Casey.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Do Not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Thomas McLaughlin.(son)
(Address) 1831 Light St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 2/27, 1935

19. UNDERTAKER Morgan & Flynn
(Address) 1422 Light St

20. FILED ... 19... Registrar.

2 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows: Duration of onset

Occidental fall to floor, 1/25/35
Fracture of neck of femur.
Arterio sclerosis, Diavetes Mellitus.
Myocardial failure.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/25/35 19...

Where did injury occur? 1831 Light St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fall to floor

Nature of injury Fracture of femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto W. Leinhardt, M. D. Coroner

2/26/35 (Address) 1017 E. Charles St.

M. D. B. 1268-9

F 10100

10100 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

11-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 E. Clement St., 7th Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie L. Potee

(a) Residence: No. 508 E. Clement St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm J. Potee

6. DATE OF BIRTH (month, day, year): Oct. 15. 1879

7. AGE: Years 55 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Holland

FATHER

13. NAME: ? Shepards

14. BIRTHPLACE (city or town) (State or country): Holland.

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Helen M. Schmidt
(Address) 1532 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross C. C. Co. Date: Feb. 28 1935

19. UNDERTAKER: Margaret E. Flynn
(Address) 108 N. Fulton Ave

20. FILED ... 19... Registrar

FEB 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1935 to Feb 25 1935

I last saw her alive on Feb 25 1935 Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 days
Other contributory causes of importance:	
Influenza	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Brodeur M. D.

(Address) 1274 Mellon St

OCCUPATION is very important. See instructions on back of certificate.

F 10101

M. D. Form No. F 10101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Gibbons Ave. St., 21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine L. Kreutzer

(a) Residence: No. 2913 Gibbons Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Kreutzer

6. DATE OF BIRTH (month, day, year) Sept. 19, 1878

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Patrick Joyce

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ~~Unknown~~ Kane

16. BIRTHPLACE (city or town) (State or country) Ireland Unknown

17. INFORMANT Stewart Schweizer

(Address) 5005 Sipple Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date 2/27/35 19

19. UNDERTAKER Leonard J. Ruck

(Address) 5305 Harford Rd.

20. Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/24/35 19

22. I HEREBY CERTIFY, That I attended deceased from 2/4/ 19 35 to 2/24/35. 19

I last saw her alive on 2/23/35. 19 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930.
Cerebral hemorrhage	1930.
Cerebral hemorrhage	1935.

Other contributory causes of importance:

Pulmonary oedema	1935.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George A Bowden, M. D.

(Address) 1517 E. North Ave

DEC 1935

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

F 10102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10102

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 N. Fulton St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Yamfra

(a) Residence: No. 1127 N. Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles A. Yamfra

6. DATE OF BIRTH (month, day, year): Oct 8-1863

7. AGE — Years: 71 | Months: 4 | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Philadelphia

FATHER

13. NAME: Thomas Rogers

14. BIRTHPLACE (city or town) (State or country): Philadelphia

MOTHER

15. MAIDEN NAME: Rebecca Williams

16. BIRTHPLACE (city or town) (State or country): Philadelphia

17. INFORMANT: Charles Yamfra

(Address) 1127 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: 7/31, 1935

19. UNDERTAKER: William Cook

(Address) 117 St. Paul Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1935, to 7-26, 1935

I last saw h... alive on 7-25, 1935. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uraemia	5 ds
Other contributory causes of importance:	
Cerebral Hemorrhage	8 hrs

Name of operation ... Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Bowman Cook, M. D.

(Address) 2216 Garrison Blvd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10103

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH Southern Home + Hospital

CITY OF BALTIMORE: (No. Greenmount Ave and 25th St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Elizabeth Schlining

(a) Residence: No. Southern Home + Hospitals St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Louis Schlining

6. DATE OF BIRTH (month, day, year) May 15th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Adam Grabb

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Mrs Anna Baxter
(Address) 3246 Kingsley St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 28th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED ... 19.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934 to Feb 25 1935

I last saw h.. alive on Feb 24 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arterio Sclerosis	[illegible] yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) W. O. Reese, M. D.

(Address) 5600 York Rd, Roslin[illegible]

M. D. B 1248-9

F 10104

F 10104 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Elmtree St. St., 4 Ward)

Length of residence in city or town where death occurred 53 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F.J.Schaeffer, Jr.

(a) Residence: No. 6 Penn St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXXX Sadie Schaeffer.

6. DATE OF BIRTH (month, day, year) April 30, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wright

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles F.J.Schaeffer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Laura F. Wallace.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Charles F.J.Schaeffer, Sr.
(Address) 1620 N.Gay St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Feb 28th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic disease of the heart and Kidneys.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto Meinhardt M. D.
Coroner

2/26/ (Address) 1017 E. Chases St.

M. D. R. 1268-9

F 10105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10105

CERTIFICATE OF DEATH

V 210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital) (12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank W. McConnell

(a) Residence: No. 332 E. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ M. Louise McConnell

6. DATE OF BIRTH (month, day, year) Jan 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Station Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas McConnell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Anderson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Louise McConnell

(Address) 332 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Feb 28 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb [redacted] 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Injury & autopsy 19

I last saw alive on 19 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	2/24/35
Other contributory causes of importance: Automobile Accident	2/24/35

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/24 1935

Where did injury occur? St Paul & North Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank Ickarny, M. D.
Coroner

(Address) 220 E Madison St

M. D. P. 1268-9

F 10106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10106

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH Church Home and Infirmary

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. William Shultz

(a) Residence: No. 518 Franklintown Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of ~~WIFE~~ Mollie Schultz

6. DATE OF BIRTH (month, day, year) April 28, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME William Shultz

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Martha Treadell

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Cecilia West

(Address) 2832 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Ward 1st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1935 to Feb 26, 1935

I last saw h im alive on Feb. 26 . 1935 Death is said to have occurred on the date stated above, at 9:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cecum	?
Other contributory causes of importance: Myocardial insufficiency	

Name of operation Resection of cecum Date of Feb. 21 '35

Hemicolostomy

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard V. Hamer M. D.

(Address) Church Home + Infirmary

M. D. F. No. F 10107

F 10107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH V. M. Hosp. Lorain Memorial Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 33rd St., 7 Ward)

Length of residence in city or town Search occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs ~~Samuel~~ Franklin Arnold

(a) Residence: No. 4604 Schenley Road, city St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Samuel T. Arnold

6. DATE OF BIRTH (month, day, year) Feb 22nd 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Oakland Md

FATHER

13. NAME John Frantz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs F. Arnold (Address) 4604 Schenley Rd

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Feb 28th 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 , 1935 to Feb 26 , 1935

I last saw her alive on Feb. 26 , 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	
Thrombophlebitis - right femoral	4 days

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 2-15-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Landon Timberlake , M. D.

(Address) Mt. Wem. Hosp.

M. D. P. 1248-2

F 10108

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10108

CERTIFICATE OF DEATH

82-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Flax

(a) Residence: No. 817 W. North Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) Nov 19/1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 1.6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wolf Flax

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Agnes Letterer

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Edwin Flax

(Address) 1314 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date Feb 27. 1935

19. UNDERTAKER Jack Levin Inc

(Address) 1424 E Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Cavernous Sinus Bilateral (Brain)	

Other contributory causes of importance:

History Septic Sore Throat with Abcess	2 wks ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Faser Coroner, M. D.

(Address) 508 E North Ave

F 10109

M. D. B 1268-3

F 10109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 170

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1403 Argyle St., (14) Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm E. Brooks

(a) Residence: No. 1403 Argyle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charlotte Brooks

6. DATE OF BIRTH (month, day, year) 1880

7. AGE: Years 33 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

FATHER

13. NAME Solomon Brooks

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charlotte Brooks

(Address) 1403 Argyle St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date Feb 28 1935

19. UNDERTAKER Thos. E Kelson

(Address) 1203 Pierstman St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Gastro Enteritis — Date of onset

Nurses

Other contributory causes (if important): Had Typhoid recovered was in Hospital until Feb 14

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leek, M. D. Coroner

(Address) Coroner

M. D. B. 1266-6

F 10110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10110

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4613 Asbury Ave St. 26 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William W Redd

(a) Residence: No. 4613 Asbury Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva C. Redd

6. DATE OF BIRTH (month, day, year) Dec. 29, 1893 (1893)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Marine

10. Date deceased last worked at this occupation (month and year) Feb. 23, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Louis C Redd

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lula Buhrer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. L. C. Redd
(Address) 4613 asbury ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Harmony Grove Cem Va Date Feb. 28. 1935

19. UNDERTAKER Fred Fordebrook Co
(Address) 2201 Pelham Rd.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1935, to Feb 24, 1935

I last saw him alive on Feb 24, 1935. Death is said to have occurred on the date stated above, at 1 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb 11 '35

Other contributory causes of importance:

Angina Pectoris

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Alma B Lennan M. D.

(Address) 7101 Pattersone Park Ave

M. D. P. Form 8-9 F 10111 F 10111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 E. North Ave. St., 918 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cassandra D. Partridge

(a) Residence: No. 924 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Lambert W. Partridge

6. DATE OF BIRTH (month, day, year) June 6 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wrightsville Penna.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Charles W. Partridge
(Address) 2516 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Feb. 28, 1935

19. UNDERTAKER George W. Little
(Address) 2700 Edmondson Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from DEC 11 1934 to FEB 25-1935 19

I last saw her alive on FEB 25-1935 19 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset FEB 20

Other contributory causes of importance:
Mitral regurgitation Chronic Endocarditis, Arteriosclerosis Hypertension, Chronic Nephritis

Name of operation None Date of XX

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury XX 19XX

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X X X X

Manner of injury X X X X X

Nature of injury X X X X X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X X X X X

(Signed) Otto J. Decker M. D.

(Address) 928 E. NORTH AVE

M. D. F. 1268-5

F 10112

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10112

CERTIFICATE OF DEATH

✓ 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 Evergreen Ave St., 27 Ward)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma A. Basford

(a) Residence: No. 2804 Evergreen Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James T. Basford

6. DATE OF BIRTH (month, day, year) Aug 19, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Gustave A. Siegel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John A. Ahrens 2804 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date March 1st 1936

19. UNDERTAKER (Address) A. Howard Evans 38 E Fort Ave

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936 to Feb 26, 1936

I last saw h[illegible] alive on Feb 25, 1936 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	Feb 20 1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dean A. Long M. D.

(Address) 5304 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 10113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10113

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Urbanowski

(a) Residence: No. 713 S Port St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	S.

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26. 1935

7. AGE	Years	Months	Days	If LESS than ~~1 day, hrs.~~ or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Urbanowski

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Tillie Jakubik

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Father
(Address) 713 S Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Feb 27. 1935

19. UNDERTAKER John H. Weber
(Address) 1501 S. Chester St

20. FILED ..... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 0.50 am 2/26 1935 to 9.10 am 2/26 1935

I last saw h. in alive on 2/26 . 1935 Death is said to have occurred on the date stated above, at 9.10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia of newborn.	2/26/35
Other contributory causes of importance:	
Prolonged Labor	26 hrs.

Name of operation Forcep delivery Date of 2/26/35

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert J. Himelfarb M. D.

(Address) Sinai Hospital

B 271935

F.D. 10114

F 10114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Race St. St., 23 Ward)

Length of residence in city or town where death occurred 22 yrs. ------- mos. ------- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elbert White.(C)

(a) Residence: No. 1127 Race St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXXXXXX Nora White.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	-------	-------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME James White.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Nora White.(C) wife.
(Address) 1127 Race St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemtry Date 2/27 19 35

19. UNDERTAKER Walter B. Spriggs
(Address) 3211 Ellerslie Ave.

FEB 27 1935

Registrar. 2/26/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiblegia.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto W. Reinhardt M. D.
Coroner

(Address) 1017 E. Charles St.

M. [illegible] 1268-9

F 10115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10115

CERTIFICATE OF DEATH

1107-a

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 2 yrs. ... mos. ... ds.

2. FULL NAME Martha Becker

(a) Residence: No. 716 S. Glover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced [illegible] of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ?

7. AGE: Years 70 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 2/28 19 35

19. UNDERTAKER John J. Feeley
(Address) 1211 N. Eutaw St.

20. FILED 2 27 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 25 35

22. I HEREBY CERTIFY, That I attended deceased from June 9 35 to Feb 25 35

I last saw her alive on Feb 25 35 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture, femur, right, neck, unreduced	1933
Other contributory causes of importance: Bronchopneumonia	2/23/35

Name of operation None Date of —

What test confirmed diagnosis? From ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/9/35
Where did injury occur? At 716 S. Glover
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Fell down on ice
Nature of injury Fracture Rt. femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Garst M. D.
(Address) Balto City Hospitals

M. D. Files

F 10116

F 10116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1131

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greenans 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Anthony Haynes, Jr.

(a) Residence: No. 1 Ridgewood Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Lee Haynes

6. DATE OF BIRTH (month, day, year) Jan 2 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	32	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. Y. Life

10. Date deceased last worked at this occupation (month and year) Feb 35

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Anthony Haynes

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Alice Moulton

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary Judith Haynes

(Address) 115 Beaumont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem 3/2 35

19. UNDERTAKER Geo A Lauer

(Address) Fulton & Lafayette

20. FILED Mar 2 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1935 to 2-27 1935

I last saw him alive on 2-27 1935 Death is said to have occurred on the date stated above, at 2.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Uremia	2 d
Other contributory causes of importance: Chronic nephritis	15 yrs ago

Name of operation Date of

What test confirmed diagnosis? Con Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Dorsey W. Tarr M. D.

(Address) University Hospital

M. D. F. 1263-9

F 10117

F 10117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stewart S. Shaver

(a) Residence: No. Winchester, Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Isabel Shaver

6. DATE OF BIRTH (month, day, year) March 20, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Andrew Shaver

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Cole

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Harrisonburg Va 2/27, 1935
Place

19. UNDERTAKER Geo A Farley
(Address) Staunton Virginia

20. FILED FEB 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/35

22. I HEREBY CERTIFY, That I attended deceased from 2-17-35, 19, to 2-26-35, 19

I last saw him alive on 2-24-35, 19 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis

Date of onset

Other contributory causes of importance:

Myocardial Insufficiency
Cardiac Decompensation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) Mercy Hospital

M. D. F. 1753-9 F 10118 F 10118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N Poppleton St., 18 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Johnson

(a) Residence: No. 202 N Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private home

10. Date deceased last worked at this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation full

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

MOTHER

13. NAME Annie Bell Johnson

14. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

FATHER

15. MAIDEN NAME Annie Bell

16. BIRTHPLACE (city or town) (State or country) Emmitsburg Md

17. INFORMANT Annie Bell Johnson
(Address) 202 N Poppleton St

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Lion Date Feb. 28, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S Schroeder St.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1934 to Feb 23, 1935

I last saw her alive on Feb 22, 1935. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TBC	1934
	Oct

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. H. 1268-9

F 10119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10119

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Druid Hill Ave St. Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Coleman

(a) Residence: No. 1408 Druid Hill Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced (or) WIFE of Alexander Coleman

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Work

10. Date deceased last worked at this occupation (month, day, year) 1903

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Pat. Lenahan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Josephine Hall

(Address) 1408 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Feb 28, 1925

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1925

22. I HEREBY CERTIFY, That I attended deceased from May 1923 to Feb. 25, 1925

That I saw her alive on Feb 25, 1925 Death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank E. Haaser M.D.

(Address) 627 Lanvale St

M. D. F. 103-9 F 10120

F 10120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

293-a

Registered No.

1. PLACE OF DEATH Good Shepherd Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 512 Gilmore St., 11 Ward)

Length of residence in city or town where death occurred 45 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Williams

(a) Residence: No. 708 Tyson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Williams

6. DATE OF BIRTH (month, day, year) April 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 65 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Lucie Tubman

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

FATHER

15. NAME David Williams

16. BIRTHPLACE (city or town) (State or country) Odair Md.

17. INFORMANT Harry Williams
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lion Date Feb 28, 1935

19. UNDERTAKER Mrs. Kate R Williams
(Address) 322 N. Schroeder St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1935 to Feb. 22, 1935

I last saw h[illegible] alive on Feb. 22, 1935 Death is said to have occurred on the date stated above, at 6:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	2-18
Hypertensive arterio-Vascular disease	one month
Other contributory causes of importance:	
Myocarditis	one month

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Marshall M. D.

(Address) 1838 Druid Hill Ave

M. D. F. 1268-9

F 10121

10121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2006 Fleet Street St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Lentz-(Lencka)

(a) Residence: No. 2006 Fleet Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, ------- saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ----

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Anthony Janowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs, Lottie Crowford
(Address) 2006 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date March 2nd 19[illegible]

19. UNDERTAKER George A. Weber
(Address) 705 S Ann st

20. FILED [illegible] 19[illegible] [illegible] Registrar

DEC 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1935 to Feb. 26 1935

I last saw he alive on Feb. 26 1935 Death is said to have occurred on the date stated above, at 8 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Feb. 26 '35
Chronic myocarditis	30
Pulmonary Edema	Feb 26 '35

Other contributory causes of importance:

Name of operation ---------- Date of ----------

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ---------- Date of injury ---------- 19 ---

Where did injury occur? ----------
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ----------

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ----------

(Signed) George S. Libby M. D.

(Address) 458 S Patterson Park Ave.

M. D. B. 1268-0

10122 F 10122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Penitentiary St., 10 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harman Westphal

(a) Residence: No. 954 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mrs Louisa (Heisline) Westphal

6. DATE OF BIRTH (month, day, year): Feby 12 1863

7. AGE: Years: 72 | Months: 0 | Days: 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Berlin, Germany

FATHER

13. NAME: Fred Westphal (deceased)

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louisa (deceased)

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Penitentiary records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date Feb. 28 1935

19. UNDERTAKER: Easton & Son
(Address) Eutaw & Lexington Sts.

20. FILED ..... 19.. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feby 26 1935

22. I HEREBY CERTIFY, That I attended deceased from apr. 16 1931 to Feby 26 1935

I last saw him alive on Feby 26 1935. Death is said to have occurred on the date stated above, at 10.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John F. Aubrey M. D.

(Address) 606 Annesley Road

Evergreen 371

M. D. B. 1268-9

F 10123

10123

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1526 Linden St., 14 Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Fuchs

(a) Residence: No. 1526 Linden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm A F Fuchs
6. DATE OF BIRTH (month, day, year): Jan 22 1870
7. AGE: Years 63 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Leo Engelbach
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Deshimon
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wm Fuchs
(Address) 1526 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Feb 27 1935

19. UNDERTAKER: Margaret E. Gutheinz
(Address) 2107 N. Eutaw St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on Sunday Death is said to have occurred on the date stated above, at ... p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Lenk M. D.
Coroner

(Address) Coroner

M. D. B. 1268-9

F 10124

10124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 W. Baltimore St. 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds., How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Knapp

(a) Residence: No. 2133 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William N. Knapp.

6. DATE OF BIRTH (month, day, year) Dec 18. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James A. Linthicum

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary J. Schlag.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT William N. Knapp
(Address) 2133 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Feb 28. 1935

19. UNDERTAKER Mc. Mus. John W. Geipel & Son
(Address) 201 W. Fayette St.

20. FILED [illegible] Register

271035 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19. 1935 to Feb 25. 1935

I last saw her alive on Feb 25. 1935. Death is said to have occurred on the date stated above, at 11:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/29/35
Fecal Impaction	2/6/35
Nephritis	7/15/35
Uremia	7/22/35

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Joseph E. Bergeron M. D.

(Address) 37 S. Stricker St

M. D. B 1268-9

10125 ✓ F 10125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 S Dallas St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Quarles

(a) Residence: No. 252 S. Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) -

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wood School Date Feb 27, 1933

19. UNDERTAKER .....

(Address)

20. FILED ..... 19..... Registrar.

27 1933

1154 THE MOR[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. O. Herzog M. D.

Coroner

(Address) 1303 E Fallsway Md

M. D. B 1268-9

F 10126

10126

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S Spring St., 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Lewis

(a) Residence: No. 315 S Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W Md School Date Feb 27 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. G. Heron MD M. D.
Coroner

(Address) 300 N Patterson Park Ave

M. D. B 1268-9

F 10127

10127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Coleman

(a) Residence: No. 1230 Hanwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 25 / 35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Colon Coleman Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lucinda R. Pinney

16. BIRTHPLACE (city or town) (State or country) Baltimore Va

17. INFORMANT Colon Coleman Jr

(Address) 1230 Hanwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 2/27 19 35

19. UNDERTAKER Leonard J. Bayer

(Address) 305 Bayard St.

20. FILED ..... 19 ..... Registrar.

2-27-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Immaturity (7 months gestation)	

Other contributory causes of importance:

Puerperal Eclampsia 1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner. M. D.

(Address) 1086 Towanda Ave

M. D. F. 1268-9

✓ F 10128

10128

HEALTH DEPARTMENT—CITY OF BALTIMORE

67

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md University Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Penner

(a) Residence: No. 2939 Bernard St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 24 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Elmer Penner

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Nellie Vermillion

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Elmer Penner
(Address) 2939 Bernard St

18. BURIAL, CREMATION, OR REMOVAL
St Mary's Date Feb 26, 1935

19. UNDERTAKER Thanhouser & Son
(Address) 2415 Eutaw Pl

27 1935

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1935

22. I HEREBY CERTIFY That I attended deceased from Feb. 24, 1935 to Feb. 26, 1935

I last saw him alive on Feb. 26, 1935 Death is said to have occurred on the date stated above, at 2:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Status Thymicolymphaticus THYMICOLYMPHATICUS	

Other contributory causes of importance:

Prolonged labor

Name of operation None Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Savage M. D.

(Address) Univ Hosp.

AdCo. 5-11 250B

10129 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 10129

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2051 Division St., 14 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ephraim Washington Richardson Jr

(a) Residence: No. 2051 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Ruth Richardson

6. DATE OF BIRTH (month, day, year) Oct 26-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov
10. Date deceased last worked at this occupation (month and year) Feb 23 1935
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Frederick Md
(State or country)

FATHER

13. NAME Ephraim Washington Richardson
14. BIRTHPLACE (city or town) Frederick Md
(State or country)

MOTHER

15. MAIDEN NAME Rebecca Jones
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Esther Ruth Richardson
(Address) 2051 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 28 1935

19. UNDERTAKER C. A. Brooks
(Address) 1637 N. Carey st

27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25/1935

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1935, to Feb 25, 1935
I last saw h... alive on Feb 25 1935 death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (left Side Brain)	2/23/35
Other contributory causes of importance: Arteriosclerosis	?

Name of operation None Date of .....
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm H. Wright, M. D.
(Address) 1209 Preston Ave

M. D. R. 1268-3

E 10130 Barton E 10130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4933 Belmont Ave St., 27 (Ward)

Length of residence in city [redacted] where death occurred ..... yrs. ..... mos. ..... ds. How long in [redacted] of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Barton

(a) Residence: No. 4933 Belmont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horace Barton

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Frank Stromsky

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Corbett

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Drew
(Address) 4933 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL Date Feb 28 1935
Place New Cathedral

19. UNDERTAKER Jos. J. Kerr & Son
(Address) 1567 N. Linwood

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-25-1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [redacted] M. D.
Coroner

(Address) [redacted]

Spec. 7-17-26 A Co. 200 Bks.

0131

✓ F 10131

HEALTH DEPARTMENT—CITY OF BALTIMORE

144-B

CERTIFICATE OF DEATH

REGISTERED NO. 2697

1-PLACE OF DEATH

City of BALTIMORE: (No. 1230 Division St., 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) 0

2-FULL NAME Severia Golden

(a) RESIDENCE NO. 1230 Division St. Ward

(If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 17 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-13-13

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	21	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) Wilmington

(State or country) N C

PARENTS

10 NAME OF FATHER Singleton Golden

11 BIRTHPLACE OF FATHER (City or town) Hampton

(State or country) S C

12 MAIDEN NAME OF MOTHER Azilia Minor

13 BIRTHPLACE OF MOTHER (city or town) Hampton

(State or country) S C

14 Informant Clara Edwards

(Address) 1230 Division St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 2-25 1935

17 I HEREBY CERTIFY, That I attended deceased from 11-22, 1934, to 2-25, 1935

that I last saw her alive on 2-25, 1935

and that death occurred, on the date stated above, at 9:22 P m.

The CAUSE OF DEATH* was as follows:

Post Partum Hemorrage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Childbirth

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Exam

(Signed) W. Atwell Jarvis M. D.

19 (Address) 1123 Park Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — Date of Burial 3/1/35

20 UNDERTAKER Robert F Williams — ADDRESS 1515 N. Eden St

1935

M. D. F. 1268-9

✓ F 10132

10132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 6 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Dean.

(a) Residence: No. 403 N. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Beulah.

6. DATE OF BIRTH (month, day, year) 2/25/83(?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51(?)	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemical Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Uriah Dean

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Travis.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) Church

18. BURIAL, CREMATION, REMOVAL Date 2/28/35 19
Place Southern Md

19. UNDERTAKER Robt. V. Williams
(Address) 1515 N. Fulton Ave

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/23 19 35

22. I HEREBY CERTIFY, That I attended deceased from 1/29. 19 35 to 2/23 19 35

I last saw him alive on 2/23 19 35 Death is said to have occurred on the date stated above, at 9 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	3 days
Other contributory causes of importance:	over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reuter M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-2

10133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10133

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St John Rd St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Fitzgerald

(a) Residence: No. 625 St John Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Fitzgerald

6. DATE OF BIRTH (month, day, year) Feb. 9 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Household Work

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis F Crews

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Amos

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Chas H. Short

(Address) Greenway apt 34 Charles

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 2/28 1935

19. UNDERTAKER Cook

(Address) 412 St Paul Street

27 1935

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12 1934 to Feb. 26 1935

I last saw her alive on Feb. 25 1935 Death is said to have occurred on the date stated above, at 4:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma 12th dorsal vertebra - Metastasis from Carcinoma left breast -	
Other contributory causes of importance: Pt was confined in home - 1934 -	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) A. F. Robinson M. D.

(Address) Medical Arts Bldg.

M. D. B. 1248-9

F 10134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10134

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Gertrude Hunt

(a) Residence: No. 4425 Hareumt Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 4-8-61

7. AGE: Years 73 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Valentine Matte

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Tompson

(Address): 4425 Harcourt Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross, Date: 3/1/35, 19

19. UNDERTAKER: E & B. Hall

(Address): 111 E. West St.

20. FILED ..... 19 ..... Registrar.

27933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-25-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-3-35, 19, to 2-25-35, 19

I last saw her alive on 2-25-35, 19. Death is said to have occurred on the date stated above, at 4:32 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia — Date of onset .....

Other contributory causes of importance:

Diabetes Mellitus

Cerebral Hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) Robert W. Allerton, M. D.

(Address) Bon Secours Hospital

M. D. B 1268-9

F 10135

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10135

CERTIFICATE OF DEATH

93-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Cross St. St., 21 Ward)

Length of residence in city or town where death occurred 66 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth O'Neill.

(a) Residence: No. 632 N. Cross St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, husband of (or) wife of: Edward F. O'Neill.

6. DATE OF BIRTH (month, day, year): February 22, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: John Scott.

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Mary Carroll.

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: J. Leo O'Neill. (son)
(Address) 735 N. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 3/2/35 19

19. UNDERTAKER E. P. Tuite
(Address) 415 E. Fayette St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): February 25, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Acute dilatation of the heart	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Milton Reinhardt, M. D. Coroner
2/27/35 (Address) 1017 E. Charles St.

2-27-1935

M. D. F. 1208-9

✓ F 10136

10136 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-c

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3165 Kenwick Road St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph P. Worsdell

(a) Residence: No. 3165 Kenwick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellie Worsdell

6. DATE OF BIRTH (month, day, year) Nov 28 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0662

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Night Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joseph Worsdell

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Dix

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mary Kilpatrick

(Address) 3165 Kenwick Road

18. BURIAL, CREMATION, OR REMOVAL

place Loudlawn Date Feb 28, 1935

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Chestnut Ave

FILED , 19 , Registrar

F 7025

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Feb 25, 1935

I last saw him alive on Feb 22 1935 Death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Cathryn D. Davies M. D.

(Address) 800 E 33rd St.

M. D. P. 1208-9

10137 E 10137

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 Latrobe Park Terrace. 24 Ward)

Length of residence in city or town where death occurred 15 yrs. ---mos.---ds. How long in U. S. If of foreign birth 50 yrs. ---mos. ---ds.

2. FULL NAME Giuseppe Giordano.

(a) Residence: No. 1514 Latrobe Park Terrace. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (XXXXXXXXX) Frances Giordano.

6. DATE OF BIRTH (month, day, year) December 19, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch room Propretor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country) Italy.

13. NAME Salvatore Giordano.

14. BIRTHPLACE (city or town) (State or country) Italy.

15. MAIDEN NAME Salvatorise Giordano.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Frances Giordano.(wife)

(Address) 1514 Latrobe Park Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 30 19 35

19. UNDERTAKER Chas. L. Stevens

(Address) 1101 E. Fort Ave.

19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Acute dilatation of the heart	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

2/26/35 (Signed) Otto M. Steinhardt Coroner M. D.

(Address) 1017 E. Charles St.

M. D. B. 1268-9

F 10138

10138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411 N. East ave. St., 26 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion O. Burlin

(a) Residence: No. 411 N East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Wm W. Burlin

6. DATE OF BIRTH (month, day, year) Aug 12-1847

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	87	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md

FATHER

13. NAME David Leather

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charlotte Cooley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Frank W. Burlin

(Address) 411 N. East ave

18. BURIAL, CREMATION, OR REMOVAL

Place Colora Md Date Mch 1-35

19. UNDERTAKER Geo E Boyer Jr

(Address) 1512 Bolton St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1-35, 19.., to Feb 26-35. 19..

I last saw her alive on Feb 26-35 19.. Death is said to have occurred on the date stated above, at 10 30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	6 mos

Other contributory causes of importanre:

Arteriosclerosis	3 yrs
Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Herrmann, M. D.

(Address) 1106 Cathedral St.

MAR 1935

M. D. B 1268-9

F 10139

10139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland St., 27 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C. Bredemeyer

(a) Residence: No. 3006 Kenoak Road, Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred L. Bandel

6. DATE OF BIRTH (month, day, year) December 11, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk on Pier, Fla.

10. Date deceased last worked at this occupation (Month and year) 1929

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) St. Louis, Missouri

FATHER

13. NAME William F. Bredemeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Busch

16. BIRTHPLACE (city or town) (State or country) Bremen, Germany

17. INFORMANT U. S. Marine Hospital Records
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mar 2 19 35

19. UNDERTAKER Wm. J. McKnew Sons
(Address) Gold & Paines.

20. FILED 27 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1935 to February 26, 1935

I last saw him alive on February 26, 1935 Death is said to have occurred on the date stated above, at 2:46 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of mediastinum	unknown
	8 mos. ago

Other contributory causes of importance:

Name of operation Exploratory Date of 2-26-35

What test confirmed diagnosis Operation there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) E. M. Townsend M. D.
Surgeon E. M. Townsend
(Address) U. S. Marine Hospital, Balto. Md.

M. D. B. 1268-9

10140

F 10140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N Fulton Ave. 19 Ward)

Length of residence in city or town where death occurred ... yrs. 11 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dg.

2. FULL NAME Victoria Polk White

(a) Residence: No. 540 N. Fulton Ave St., ... Ward. Fort Union Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Eustin White

6. DATE OF BIRTH (month, day, year): July 18, 1844

7. AGE — Years: 90 | Months: 7 | Days: 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Eustin Seay

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Sarah Bowles

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Eunice Mann

(Address): 540 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Fork Union Va Date: Feb 28 1935

19. UNDERTAKER: Wm Victor Dyer Sons

(Address): Fork Union Va

20. FILED: 2-27-1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb. 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1935 to Feb 26 1935

I last saw h alive on Feb 24 1935 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease	?
Other contributory causes of importance: Myocarditis	?

Name of operation None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Augustine P. Von Schenck M. D.

(Address) 1 W. Eager Street

M. D. B. 1268-S

F 10141

10141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Arkeny Road St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Conrad

(a) Residence: No. 600 Arkeny Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Louise Conrad

6. DATE OF BIRTH (month, day, year) Nov 22/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hardware

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant 1645

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Frederick Conrad

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Friederika Dietrich

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mary Louise Conrad

(Address) 600 Arkeny Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Mar 1 1935

19. UNDERTAKER Harry J. Emmart & Son

(Address) 4204 Reisterstown Rd.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1934 to Feb 26 1935

I last saw h alive on Feb 26 1935 Death is said to have occurred on the date stated above, at 12.44 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	1930
Chr Bright Nephritis	1930
Chr Myocarditis	1930
Other contributory causes of importance:	
Acute Cardiac dilatation	Feb-35

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop M. D.

(Address) 501 Stendorf

M. D. F. No. F 10142

F 10142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 98

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E. Renner.

(a) Residence: No. 1311 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~or WIFE~~ of Mary Renner

6. DATE OF BIRTH (month, day, year) July 25 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 (?)	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller 2086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Rank Tobacco Mills

10. Date deceased last worked at this occupation (month and year) 1905

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Frank Renner.

14. BIRTHPLACE (city or town) Maine (State or country)

MOTHER

15. MAIDEN NAME Maria ?

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Records B.C.H. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date Mar 2nd 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED [illegible] Registrar.

B 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 2/27 1935

I last saw him alive on 2/27 1935. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene R. leg, arteriosclerotic infected.	10 days.
Cellulitis R face	3 days.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

M. D. F. 1968-9

F 10143

F 10143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 2 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Lou Crouch

(a) Residence: No. 1158 Scott St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 2nd 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lester E. Crouch

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Mildred Tamar

16. BIRTHPLACE (city or town) (State or country) Chestertown Md

17. INFORMANT Mrs Mildred Crouch

(Address) 1158 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Feb 28th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ——, 19—— ——— Registrar.

FEB 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1935

22. I HEREBY CERTIFY, That I attended deceased from February 25 1935 to February 26 1935

I last saw her alive on February 26 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	2/25
Peritonitis	2/26
Foots Verified by Dr Valkus Coroner Feb 27-35	

Other contributory causes of importance

Name of operation Appendectomy Date of 2/25

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm Cook M. D.

(Address) St Agnes Hosp

M. D. F. 1965-9 F 10144

F 10144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2688 Dulaney St., 20 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Wilhelmina Kirschke

(a) Residence: No. 2688 Dulaney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. F. Kirschke

6. DATE OF BIRTH (month, day, year) Nov 4th, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Gumohl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. F. Kirschke
(Address) 2688 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Feb 28, 1935

19. UNDERTAKER F. B. Wippert & SOn
(Address) 1300 Eutaw Place

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25th, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1 - 1935 to Feb 25 - 1935

I last saw her alive on Feb 25 - 1935 Death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Chr
Interstitial Nephritis,
Compensation Senility
Cerebral Arterio Sclerosis
& Infirmity of Years

Date of onset

Other contributory causes of importance:

Pulmonary Edema

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Norbert O Fotsch M. D.

(Address) 2151 Eutaw Ave

4

F 10145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

F 10145

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 ADDISON St., 19-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY R. HOHMAN

(a) Residence: No. 108 ADDISON St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	White	MARRIED

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) EMMA V. Hohman

6. DATE OF BIRTH (month, day, year) JUNE 9-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PRINTER 10-50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

FATHER

13. NAME Henry L. Hohman

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

MOTHER

15. MAIDEN NAME Caroline Yost

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT Emma V. Hohman
(Address) 108 ADDISON St.

18. BURIAL, CREMATION, OR REMOVAL
Place WESTERN. Date MAR 1 '35

19. UNDERTAKER F. D. Stephens & Son
(Address) 300 Eutaw St.

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-35

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 19 34 to Feb 26, 19 35

I last saw him alive on Feb 26, 19 35 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	6 mos
Other contributory causes of importance: Lobar pneumonia	3 days

Name of operation Date of

What test confirmed diagnosis? Cl Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

I saw deceased

(Signed) H. W. Bamble M. D.

(Address) 428 Fredericksburg

M. D. P. 1765 F 10146 F 10146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 S. Catherine St., 20 Ward)

Length of residence in city or town where death occurred 63 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Orf

(a) Residence: No. 113 S. Catherine St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christian Orf

6. DATE OF BIRTH (month, day, year) April 14, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Aug. H. Lichtenberg

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Snoop

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Christian Orf 113 S. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Feb 28, 35

19. UNDERTAKER (Address) F. B. Wippert & Son 1300 Eutaw Place

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/22- 1935 to Feb 25- 1935

I last saw h alive on Feb 25- 1935 Death is said to have occurred on the date stated above, at 1.05P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma, Emphysema	4/2135
Other contributory causes of importance: Hypertension	1-32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A. Cohn, M. D.

(Address) 2175 N. Balto St

M. D. P. No. F 10147

F 10147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Owens.

(a) Residence: No. 522 Laurens. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael.

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 (?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

FATHER

13. NAME John.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Emily Smith.

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Records Bur'n.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date 3/1/ 1935

19. UNDERTAKER Frances A. Wemley
(Address) 37 E. W. Biddle St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/21 1933 to 2/27 1935

I last saw him alive on 2/27 1935 Death is said to have occurred on the date stated above, at 2 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Rade V. A. Reiter M. D.

(Address) Balto. City Hosp.

M. D. B. 1368-A

F 10148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10148

CERTIFICATE OF DEATH

93-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Planter

(a) Residence: No. 665 N Fine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Harriet Hall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Boston

(Address) 1313 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 2/25 19 35

19. UNDERTAKER Frances A Hemsley

(Address) 5 [illegible] Biddle St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify)

(Signed) B G Herzog M D M. D.
Coroner

(Address) 1302 N Patterson Park Ave

M. D. B. [illegible] 10149 F 10149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Clifton Park Terrace 8 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME AUGUST F. C. DAMM

(a) Residence: No. 3004 Clifton Park Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Damm

6. DATE OF BIRTH (month, day, year) May 9, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. Lead Co.

10. Date deceased last worked at this occupation (month and year) Jan. 1935

11. Total time (years) spent in this occupation 38yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frederick Damm

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mathilda Roese

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Caroline Damm (Wife)

(Address) 3004 Clifton Park Terrace

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cemetery Date Mar. 2 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry Sander
(Address) Baltimore & Broadway.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 . 1935 . to Feb. 27 . 1935

I last saw him alive on Feb 27 . 1935 . Death is said to have occurred on the date stated above, at 4.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/27
Other contributory causes of importance: Arteriosclerosis	1 yr

Name of operation None Date of ...

What test confirmed diagnosis Blood sugars there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. P. Keer M. D.

(Address) 4085 Roslyn Park Ave

M. D. B. 1268-9

F 10150

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10150

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2034 Mura St St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Eliason

(a) Residence: No. 2034 Mura St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Apr 7/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Eliason

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Eliza Forsythe

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah Eliason

(Address) 2034 Mura St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cemetery Date March 1 1935

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocarditis	
(History of heart trouble)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.
Coroner

(Address) 508 E Monument

M. F. B. 1-3-3 F 10151

F 10151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 125-B

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St., 1510 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Itzkoff

(a) Residence: No. 4002 Lewin Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abel Itzkoff

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holem Memory Park Date 2/28/35 19

19. UNDERTAKER Jack Levin Inc

(Address) 1432 E. Baltimore St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1935 to Feb 27 1935

I last saw her alive on Feb 27 1935. Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Overwhelming infection or embolism due to a liver abscess	
Other contributory causes of importance:	
Ruptured Gall Bladder?	over

Name of operation Incision + drainage Date of 1/17/35

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. J. Cohen M. D.

(Address) Sinai Hospital

M. D. Bureau of Vital Statistics F 10152

F 10152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Manchester Road Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ephraim M. Cohen

(a) Residence: No. 3700 Manchester Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia G. Cohen

6. DATE OF BIRTH (month, day, year) Oct. 13, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Moses Cohen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minna Pride

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Eli Cohen
(Address) 3700 Manchester Rd.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Hebrew Cem. Date Feb. 28, 1935

19. UNDERTAKER Harid Londheim & Son
(Address) 1902 Eutaw Place

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12th, 1933, to Feb. 26, 1935

I last saw h... alive on Feb. 26, 1935. Death is said to have occurred on the date stated above, at 4. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1933
Other contributory causes of importance:	
Coronary thrombosis	Dec 1934

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. G. Nicholson M. D.

(Address) 2230 Eutaw Place

M. D. B. 1268-9

F 10153

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10153

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 Bolton St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Cyril Flannery

(a) Residence: No. 1220 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ane Donovan

6. DATE OF BIRTH (month, day, year) Mar 17 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Fayetteville Penn

FATHER

13. NAME Patrick H Flannery

14. BIRTHPLACE (city or town) (State or country) Limerick Ireland

MOTHER

15. MAIDEN NAME Mary Markham

16. BIRTHPLACE (city or town) (State or country) Co Clare Ireland

17. INFORMANT Miss Kate Flannery

(Address) 2920 Upton Ave N. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Mock D. C Date Feb 28 1935

19. UNDERTAKER Henry R. Jenkins Sons Co

(Address) 1300 Eutaw Place

20. FILED Mar 1 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Febry 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1935 to Feb 27 1935

I last saw h. m alive on Feb 27 1935. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	5 yrs Ago
Coronary Thrombosis	2/12/35

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H G Jones M. D.

(Address) 720 N North Ave

F 10154

M. D. B. 1269-9

F 10154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 John St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Stanton

(a) Residence: No. 1214 John St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word): Widow

5a. If married, widowed, or divorced, (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Unknown 1859

7. AGE: Years 76; Months ....; Days ....; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cumberland Md.

FATHER

13. NAME Thomas L Stanton

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Julia Maher

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT James G Stanton

(Address) 1214 John St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 1 19 35

19. UNDERTAKER J J Jenkins & Son Co

(Address) Eutaw & Mulberry Sts

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1935 to Feb. 26, 1935

I last saw her alive on Feb. 26, 1935. Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset .....

Other contributory causes of importance:

Edema of lungs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm J Schaub, M. D.

(Address) 701 N. Kenwood Ave.

F 10155

10455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH ST JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE. MD St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Watts

(a) Residence: No. 309 north Carolina St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Nellie Watts

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary Co Md

FATHER

13. NAME John Watts

14. BIRTHPLACE (city or town) (State or country) St. Mary Co.

MOTHER

15. MAIDEN NAME Charlotte

16. BIRTHPLACE (city or town) (State or country) St. Mary Co

17. INFORMANT Nellie Watts

(Address) 309 N. Carolina St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Feb. 28 19 35

19. UNDERTAKER Joseph G. Locke Jr.

(Address) 1306 Hanover St.

20. FILED FEB 25 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from February 21. 1935. to February 25. 1935

I last saw h... alive on February 25. 1935. Death is said to have occurred on the date stated above at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Hypertension	
3. Chronic myocarditis	
4. Chronic nephritis	
Other contributory causes of importance:	
1. Uraemia	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ST JOSEPH'S HOSPITAL. M. D.

(Address) BALTIMORE. MD

M. D. R. 1268-9

F 10156

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10156

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH Union Memorial Hosp'l (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Margaret Catherine Lensler

(a) Residence: No. 625 S Hilton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of SINGLE

6. DATE OF BIRTH (month, day, year) Sept 23-1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Adam Lensler

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Brooks

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna Lensler (mother)
(Address) 3705 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date March 1935

19. UNDERTAKER Lilly Funeral Home
(Address) 4023 Eastern Ave

20. FILED MAR 2 1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1935, to Feb 27, 1935

I last saw her alive on Feb 27, 1935. Death is said to have occurred on the date stated above, at 900 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar bilat.	Feb 2

Other contributory causes of importance:

Otitis media

Name of operation None Date of .....

What test confirmed diagnosis autopsy? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Colin MacRae, M. D.

(Address) Union Mem Hosp

Spec.—9-30—A. & Co.—250 Bks

F 10157

F 10157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 624 S Newkirk ST 76 WARD)

2 FULL NAME Anita Hoffman.

(a) RESIDENCE NO. 624 S Newkirk ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 40 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hoffman

6 DATE OF BIRTH (month, day, and year) Nov 10-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Orleans. La.

PARENTS

10 NAME OF FATHER Doyle.

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Orleans

12 MAIDEN NAME OF MOTHER Heckmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New Orleans

14 Informant Mrs Joseph Hoffman
(Address) 426 N East ave

15 Filed Mar 2 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 26-35

17

I HEREBY CERTIFY. That I attended deceased from Dec 1st, 1934, to Feb 26, 1935

that I last saw her alive on Feb 26, 1935

and that death occurred, on the date stated above, at 9:20 a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis & Senility

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Adam Fod. M. D.

, 19 (Address) 4616 Easton ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dolphin Lawn Cem. DATE OF BURIAL Mar 1 1935

20 UNDERTAKER Talby & Tilden ADDRESS 483 N Mo...

M. D. B. 1268-9

F 10158

F 10158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Hafer St. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby-- Michael Swift

(a) Residence: No. 2619 Hafer St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 27, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	)	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael L Swift

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Bertha G. Rabb

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Michael L. Swift

(Address) 2619 Hafer st

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 3/28 19 35

19. UNDERTAKER Frederick A. Cole

(Address) 1100 W. Lombard St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw him alive on Feb. 27, 1935 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Baby 5 months	
Lived 2 Hours.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Thomas S. Bonyun M. D.

(Address) 3632 Frederick Ave.

M. D. F. 1268-9

F 10159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7715 Winchester 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hubert W. Flynn

(a) Residence: No. 7715 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16 1907

7. AGE — Years 27 | Months 8 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John J. Flynn

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ella M. Joyce

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm J. Flynn

(Address) 7715 Winchester St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date [redacted] 3-1-35

19. UNDERTAKER Margaret E. Flynn

(Address) 2107 N. Milton Ave.

20. FILED [illegible] 19 [illegible] Registrar.

2-28-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/19/35 to 2/25/35 19

I last saw him alive on 2/25/35 19 and that death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance is as follows:

	Date of onset
Acute Pulmonary Tuberculosis	2/15/35
Cavity Left Upper Lung	0004
Empyema	
Contributory causes of importance: Carbon Monoxide Intoxication	Jan 35

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) H. C. Hunt M.D. M. D.

(Address) 1514 Hunt Lane

M. D. F 1268-9

✓ F 10160

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10160

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Mehaffie

(a) Residence: No. 2017 N. Payson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/22/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William McHaffie

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Evelyn Cole

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Date Mar 1 19 35

19. UNDERTAKER Josiah Ryder

(Address) 100 W. North Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935, to Feb 27 1935

I last saw him alive on Feb 27 1935 Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary interstitial bronchopneumonia	2/14 13 days
Other contributory causes of importance: — none —	none

Name of operation Tracheotomy Date of 2/16

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Woodbridge Eldon M. D.

(Address) J.H.H.

F 10161

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10161

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5723 Pimlico Rd ST. 27 (WARD)

2-FULL NAME Franklin Smith

(a) RESIDENCE NO. 5723 Pimlico Rd ST. 27 WARD

(Usual place of abode) Baltimore Co. (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 11 mos. 25 ds. How long in U. S., if of foreign birth? 78 yrs. 5 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma R. Kuniper

6 DATE OF BIRTH (month, day, and year): Sept. 9, 1856

7 AGE: Years 78 Months 5 Days 25 If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

PARENTS

10 NAME OF FATHER: Jacob Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Co. Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Co.

14 Informant: Mrs. Harry Rowe

(Address) 5723 Pimlico Rd

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feby. 27 1935

17 I HEREBY CERTIFY, That I attended deceased from April 2 1934 to Feb. 27 1935, that I last saw him alive on Feby. 27 1935, and that death occurred, on the date stated above, at 7:15 P m.

The CAUSE OF DEATH* was as follows:

(Myocarditis (Chronic)

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis 45 Minutes

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual Clinical

(Signed) Sherman R. Mantz M. D.

2/28 1935 (Address) 2601 Manhattan Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL 3/2/35

20 UNDERTAKER: TEMPLE & BOWEN COMPANY (WILLIAM F. HOOPER, Successor)

ADDRESS 108 W. NORTH AVE

M. D. H. 1268-9

F 10162

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10162

CERTIFICATE OF DEATH

X 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 W. Laurense st. St., 15 W. Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel May Cox

(a) Residence: No. 1504 W. Laurense st. St., ... Ward

(Usual place of abode) (If non-resident give city or town and State)

Greenville S.C.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26th. 1919

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	15	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville N.C.

FATHER

13. NAME Thomas Cox

14. BIRTHPLACE (city or town) (State or country) Greenville N.C.

MOTHER

15. MAIDEN NAME Annie Leggitte

16. BIRTHPLACE (city or town) (State or country) Greenville N.C.

17. INFORMANT (Address) Thos. Cox 1504 W. Laurense st

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Zion Cemetery Date feb 28 1935

19. UNDERTAKER (Address) Adolphus Halstead 950 Edmondson Ave Baltimore

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23rd. 1935 to Feb. 24th. 1935

I last saw her alive on Feb. 24th. 1935 Death is said to have occurred on the date stated above, at 8;30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acct. Peritonitis	Feb. 24

Other contributory causes of importance:

Ruptured Appendex.	Feb. 24th

Name of operation: No. Date of

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

M. D. B. 1268-0

F 10163

0163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 N. Pulaski Park 8 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Dale Hall

(a) Residence: No. 1112 N. Pulaski Park St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank A. Hall

6. DATE OF BIRTH (month, day, year) March 10-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 2-35

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles Seitz

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Regina Kistner

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Walter S. Zwick
(Address) 1112 N. Pulaski Park

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date May 1 19 35

19. UNDERTAKER Philip Young Sons
(Address) 2000 Eutaw St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1935 to Feb. 26 1935

I last saw h.. alive on February 25 1935 Death is said to have occurred on the date stated above, at 1 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Rheumatoid	
Aortic Sclerosis.	
Other contributory causes of importance:	
Chronic Nephritis	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. A. Straus, M. D.

(Address) 738 Cathedral

M. D. B 1268-9

F 10164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10164

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Register St., 6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Moore

(a) Residence: No. 420 N. Register St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	??

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] School Date Feb 28, 19[illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... A. M.

The principal cause of death and related causes of importance were as follows: Probably lobar pneumonia — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 708 E. Fronk

M. D. B 1268-9

10165

F 10165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Thomas

(a) Residence: No. 1 S. Frederick St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	???

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)			
7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ????

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Feb 28 , 1935

Place Med School

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar.

Morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 14/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to bullet wound of abdomen involving aorta	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury Feb 14

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Shot went thru front door of 505 Somerset St. Shot intend

Manner of injury ed for one Thos Brown

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Volpe M. D. Coroner

(Address) 508 E Lombard

M. D. B 1268-9

E 10166

HEALTH DEPARTMENT—CITY OF BALTIMORE

10166

CERTIFICATE OF DEATH

34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Howard Johns

(a) Residence: No. 706 Pin alley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Potters Field Date Feb 28, 1935

19. UNDERTAKER

(Address)

20. FILED ..... 19..... A. ..... Registrar.

3/1935

Morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Fillers Coroner, M. D.

(Address) 2739 Potters Ave

M. D. B 1268-9

10167 F 10167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 2nd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Donald Williams

(a) Residence: No. 539 W. Barre St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13 - 35

7. AGE

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... ddo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Ellsworth Rigsby

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Thelma Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Red School Date Feb 28 19 35

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance:	
Broncho-pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D. Coroner

(Address) 2709 Eastern Ave

M. D. F. 1268-9

10168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10168

67

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lem Maynar

(a) Residence: No. 48-4 Schultz St., Ose Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/11/34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md —

MOTHER FATHER

13. NAME James Maynar

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Marian Biggs N. Carl

16. BIRTHPLACE (city or town) (State or country) Reads —

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place J. H. Med School Date Feb 28 1935

19. UNDERTAKER (Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 19 1935

22. I HEREBY CERTIFY, That I attended deceased from 1 Feb 19 1935 to Feb 19 1935

I last saw him alive on Feb 19 1935. Death is said to have occurred on the date stated above, at 10 20 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 2/17/35

Enlarged thymus — birth

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Woodbridge E Lloyd M. D.

(Address) Hotel

M. D. B. 1268-9

10169

F 10169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., 24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby (girl) Wakefield

(a) Residence: No. 1344 E. Fortson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2 - 18 - 35

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
			9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John W Wakefield

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Barbara Wakefield
(Address) 1344 E. Fortson

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 2-22 1935

19. UNDERTAKER
(Address)

20. FILED 2-20 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 18 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-15 , 1935 to 2-27 , 1935
I last saw he alive on 2-27 , 1935 Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (7 1/2 mos)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. I. Comen M. D.

(Address) Vol Hospital

M. D. P. 1268-9

10170 HEALTH DEPARTMENT—CITY OF BALTIMORE E 10170

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 5 Ward)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James V. Cleary

(a) Residence: No. 407 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/1/1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83 82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Edward.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz. Boulding.

16. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Cem. Date 2/28 35

19. UNDERTAKER J. J. Fahy & Bro
(Address) 1318 Light St

28 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/22 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/29 1933 to 2/22 1935
I last saw h. alive on 2/22 1935 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure — Date of onset 1 day
Arteriosclerosis. —
Hypertension —

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.
(Address) Balto. City Hosp.

M. D. P 1268-9

E 10171

0171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 Westfield Ave St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie L. Dorsey

(a) Residence: No. 3027 Westfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Dorsey

6. DATE OF BIRTH (month, day, year) Dec 3 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

FATHER

13. NAME Wm. T. Emmanuel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT N. D. Emanuel

(Address) 3027 Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Mar. 2 1935

19. UNDERTAKER Leonard F. Buck

(Address) 5307 Belair Rd.

20. FILED Mar 2 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. - 1930 Feb. 26 1935

I last saw h alive on Feb. 26 1935 Death is said to have occurred on the date stated above, at 12:10 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Myocarditis

Date of onset

Other contributory causes of importance:

Chronic tuberculosis (pulmonary)

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. B. M. Emanuel M. D.

(Address) 31 N. York Ave

M. D. B. 1268-9

E 10172

10172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3125 Guilford Avenue St., 17 Ward)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Ryan

(a) Residence: No. 3125 Guilford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William P. Ryan

6. DATE OF BIRTH (month, day, year) Feb. 26, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N/A

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Antnony Clarke

14. BIRTHPLACE (city or town) (State or country) --------- Ireland

MOTHER

15. MAIDEN NAME Bridget Mulligan

16. BIRTHPLACE (city or town) (State or country) --------- Ireland

17. INFORMANT Mrs. Helen R. Russell
(Address) 3125 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 3/2 , 35

19. UNDERTAKER Henry V. Pearce
(Address) 220 N. Calvert St.

20. FILED 2 1935 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Feb 28 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 , 1935 to Feb 28 , 1935

I last saw h alive on Feb 28 , 1935 Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset 2 days

Other contributory causes of importance:

Influenza — Date of onset 7 days

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alma B. Pearce M. D.

(Address) 918 N. Patterson Park Ave.

M. D. F. No. 10173 Mondie F 10173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 N. Appleton St., 18 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Mondie

(a) Residence: No. 128 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Lena Mondie

6. DATE OF BIRTH (month, day, year) Feb 2 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co Md

FATHER

13. NAME William Mondie

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lena Mondie
(Address) 128 N. Appleton

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Auburn Date Dec 2 1935

19. UNDERTAKER Samuel M Rose Sons
(Address) 638 N. Eutaw

20. FILED Dec 1 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1935 to Nov 27, 1935

I last saw h[illegible] alive on Nov 27, 1935 Death is said to have occurred on the date stated above, at 10 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1911
Diffuse Nephritis	1 yr
Other contributory causes of importance:	3 mos

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 1715 Eutaw Pl

M. D. F. 265-9

F 10174

F 10174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Biddle St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos da. How long in U. S. If of foreign birth? yrs. mos da.

2. FULL NAME John D. Cooper

(a) Residence: No. 507 N. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Elizabeth Cooper

6. DATE OF BIRTH (month, day, year) 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Cooper
(Address) 507 N. Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 3/1/ 1935

19. UNDERTAKER Conway & Sons
(Address) [illegible]

20. FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4 1934 to Feb 26 1935

I last saw him alive on Feb 26 1935. Death is said to have occurred on the date stated above, at 6.0 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	History Sept 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Urinary Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury — 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(Yes or no, specify)

(Signed) D. P. Garland M. D.

(Address) 1534 - Druid Hill Ave

M. D. B. 126-35 F 10175 F 10175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth 69 yrs 10 mos. 0 ds.

2. FULL NAME Dr. Walter Jones P.H.D 3104 St Paul St 9th Car

(a) Residence: No. Hopkins Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mrs. W. Jones (Grace C. Jones)

6b. DATE OF BIRTH (month, day, year): April 28 1865 4. 28. 1865

7. AGE: Years 69; Months 10; Days 0; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher at Hop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: J Hopkins (univ)

10. Date deceased last worked at this occupation (month and year): 1925

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: L. T. Jones (Levin Jones)

14. BIRTHPLACE (city or town) (State or country): ? Cambridge Md

15. MAIDEN NAME: Bennette Bohem

16. BIRTHPLACE (city or town) (State or country): ? Calvert Co. Md.

17. INFORMANT (Address): Mrs. G. Jarmon (daughter) 224 E. University Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place: Mallett Date: March 3 19

19. UNDERTAKER (Address): Stewart Memorial Co. 1st Mortuary

20. FILED: 3-1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from 2.25 1935 to 2.28 1935

I last saw h in alive on 2.28 1935 Death is said to have occurred on the date stated above, at 8:00 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar, right — Date of onset 2.25.35

Other contributory causes of importanre:

uraemia

arteriosclerosis

Name of operation: 0 Date of

What test confirmed diagnosis? • Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. D.

(Address) Union Memorial Hosp.

H. D. F. 1261-1

F 10176

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10176

CERTIFICATE OF DEATH

✓ 97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 525 W. Lexington St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James W. Hentz

(a) Residence: No. 525 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary B. Lawley.

DATE OF BIRTH (month, day, year) Mar 29th 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME John Jacob Hentz

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Mary Mullaney

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Mary B. Hentz

(Address) 815 Penrose Ave

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 3/2/35 19

UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

FILED ... Registrar.

F 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/27/ 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Eugene Zellers M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B. 1268-9

F 10177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10177

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 672 W. Fayette St., 4 Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... ds.

2. FULL NAME ~~Jonas Pladas~~ Pladis

(a) Residence: No. 672 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~30~~	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop

10. Date deceased last worked at this occupation (month and year) January, 35

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER FATHER

13. NAME ~~Jonas Pladas~~ Pladis

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Rose Lukoshevichiute

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT John ~~Pladas~~ Pladas
(Address) Pottsville, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 2 1935

19. UNDERTAKER Edw. Grebbenstein
(Address) 423 E. Pratt St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1935 to February 28, 1935
I last saw him alive on Feb. 27, 1935 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	2-21-
Other contributory causes of importance: Acute nephritis and myocardial insufficiency	2-26

Name of operation ... Date of ...
What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did Injury occur? ... (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. B. Blumberg, M. D.
(Address) 3037 Brunner St

M. D. B 1268-B

F 10178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 538 Oxford St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Eden

(a) Residence: No. 538 Oxford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elsie Eden

6. DATE OF BIRTH (month, day, year): 1880

7. AGE: Years: 55 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: On boat
10. Date deceased last worked at this occupation (month and year): 1921
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Crisfield Md.

MOTHER'S NAME

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Elsie Eden
(Address): 538 Oxford

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: 3/3/ 1935
Undertaker: Franklin W. Seitz
19. UNDERTAKER (Address): 814 Penna Ave

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner ... M. D.
(Address) ... Bronx

E 10179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 10179

18-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp (St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Brown

(a) Residence: No. 706 Westwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha Brown
6b. DATE OF BIRTH (month, day, year): Aug 12 1878
7. AGE: Years 55 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Stanford Co Md
13. NAME OF FATHER: Jos. Brown
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME OF MOTHER: Eliz
16. BIRTHPLACE (city or town) (State or country): Md
17. INFORMANT: Martha Brown
(Address): 706 Westwood
18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Calvary Cem Date 1/2 1935
19. UNDERTAKER: Frances A Kemp
(Address): 728 Riddle Ave

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	12 days

Other contributory causes of importance:

Fracture R Tibia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide or homicide? Accident Date of injury Feb 16 1934

Where did injury occur? Port Deposit Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell on Ice

Nature of injury Fractured Leg

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Lamb M. D.
Coroner

(Address) Coroner

M. D. B. 1918-9 E 10180 E 10180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4900 Harford Road St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Earl Basham

(a) Residence: No. 4900 Harford Road St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Robert Earl Basham

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Louise M. Miller

16. BIRTHPLACE (city or town) Balto. (State or country) Maryland.

17. INFORMANT Louise M. Miller
(Address) 4900 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Pinewood Cemetery Date March 1 1935

19. UNDERTAKER Roderick Lansdowne Sons
(Address) 7401 Belair Road

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1935 to Feb 28, 1935
I last saw him alive on Feb 24 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	Feb 20
Other contributory causes of importance:	
Toxemia	Feb 26

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn L. Long M. D.

(Address) 6309 Harford Rd

F 10181

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10181

CERTIFICATE OF DEATH

93-9

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 S High St., 3 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Culotta

(a) Residence: No. 111 S. High St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Culotta

DATE OF BIRTH (month, day, year) Nov 6 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) 1905

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Vincenzo Culotta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Samuel Culotta

(Address) 111 S. High

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date March 2, 1935

19. UNDERTAKER Frank V. Pisitano

(Address) 2818 E. Baltimore

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Senility

Name of operation..... Date of.....

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. L. Hergan M. D. Coroner

(Address) 205 N. Patterson Park Ave

M. D. B. 1269-9

F 10182

10182 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Gwynns Falls Pkwy Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 29 yrs. ... mos. ... ds.

2. FULL NAME Israel Geiber

(a) Residence: No. 1615 Gwynns Falls Pkwy St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachael

6. DATE OF BIRTH (month, day, year) 1867

7. AGE: Years 68 | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wide Doll Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Sidney

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Tobes

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Federal Rendall Date 3/1/35 . 19

19. UNDERTAKER Sol Levin Inc
(Address) 1439 E Baltimore St

20. FILED MAR 1 - 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 . 1935 to Feb 28 . 1935

I last saw h in alive on Feb 28 . 1935. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary thrombosis	2/6/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Nelson B Kirk M. D.

(Address) 2904 Reisterstown Rd

F 10183 F 10183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Levindale. Hebrew Aged Home Registered No.
CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Anna Eisenberg
(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 1

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None, (per)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Signed Sam Eisenberg
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Date 3/1/35, 19

19. UNDERTAKER Jos. Levy & Son
(Address) 1437 E. Baltimore St.

20. FILED MAR 1 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1929, to 3-1, 1935
I last saw her alive on 2-28, 1935 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardiac hypertrophy	
Mitral insufficiency	

Other contributory causes of importance:

Arthritis	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin M. D.
(Address) Levindale

M. D. F. 1269-9

F 10184

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10184

CERTIFICATE OF DEATH

V 108

Registered No. .....

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Pennsylvania Ave St., 18 Ward)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Blue

(a) Residence: No. 506 Carlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23 - 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	months		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harold A. Blue

14. BIRTHPLACE (city or town) (State or country) British Guiana

MOTHER

15. MAIDEN NAME Catherine Martin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Catherine Blue

(Address) 506 Carlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date ~~Feb~~ 28 1935 3-1-35

19. UNDERTAKER Archibald E. Gaskins

(Address) 2101 W. Baltimore St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) 2-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-23 1935 to 2-28 1935

I last saw h alive on 2-28 1935. Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-23-35
Other contributory causes of importance:	
Pneumonia Carbuncle	2-23

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B Harris M. D.

(Address) Provident Hosp.

AACo. 5-31 2508

F 10185

HEALTH DEPARTMENT CITY OF BALTIMORE

F 10185

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Brown

(a) Residence: No. 421 S. Paca St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 28, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs or 5 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James David Brown

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Alice Elsie Miller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mother
(Address) 421 S Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 3/1, 1935

19. UNDERTAKER Frederick A. Cole
(Address) 1508 W Lombard St

20. FILED 3/1, 1935, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1935 to Feb 28, 1935

I last saw him alive on Feb 28, 1935 death is said to have occurred on the date stated above, at 6'45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Maternal Anamtion	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Dewer Mower, M. D.

(Address) Franklin Sq. Hosp.

AACo. 5-11 2508

F 10186

HEALTH DEPARTMENT CITY OF BALTIMORE

F 10186

CERTIFICATE OF DEATH

82-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 N. Broadway St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C Morris

(a) Residence: No. 1733 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles J. Morris

6. DATE OF BIRTH (month, day, year) Jan 15-

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles Stammer

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lydia Mottee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Charles J. Morris

(Address) 1733 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 3-1 1935

19. UNDERTAKER Wendell E. Humphreys

(Address) 1201 N. Broadway

20. FILED 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-26-35

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24/35, 19..., to Feb. 26/35 19..., I last saw her alive on Feb. 26/35 5 PM, and death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral emboli.	
Duration 3 days.	
Other contributory causes of importance:	
Arterio-sclerosis.	
Duration about 5 years.	

Name of operation None. Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: NONE.
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B O Kelly M. D.

(Address) 100 N. Linwood Ave

M. D. R. 1268-0

F 10187 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10187

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 31 N. Bond St., 6 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Cook

(a) Residence: No. 31 N Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: C

5. Single, Married, Widowed, or Divorced, (write the word): Widowed

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: James Cook

6. DATE OF BIRTH (month, day, year): exact date unknown

7. AGE: Years: about 58 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis Md.

13. NAME: Williams Johnson

14. BIRTHPLACE (city or town) (State or country): West Indies

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Wm. Harvey (son in law) 1620 Fayette St.

18. BURIAL, CREMATION, OR REMOVAL: Place Pikesville Cem. Date March 2 1935

19. UNDERTAKER (Address): J. Wendell Hopper 3300 E. Baltimore St.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1934 to Feb 27, 1935

I last saw h.. alive on Feb 26, 1935 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 day
& Paralysis of Irregular & Short muscles.	
Other contributory causes of importance:	
Arterio Sclerosis	Supposed for years
Nephritis	
Hypertension	

Name of operation: none Date of

What test confirmed diagnosis? Phys. exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

M. D. (Signed) G. L. Harvey M. D.

(Address) City Health Department

✓ F 10188

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 10188

HEALTH DEPARTMENT—CITY OF BALTIMORE

104-B

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Baltimore Eye, Ear & Throat Hosp REGISTERED NO.

CITY OF BALTIMORE: (If death occurred in a hospital or institution, give its NAME instead of street and number.) No 1214 Eutaw Place ST. 7 WARD)

2-FULL NAME Martin Francis

(a) RESIDENCE NO. 845 Carroll St ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Frances Francis

6 DATE OF BIRTH (month, day, and year) Nov 13-1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	3	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Carrier

(c) Name of employer Baltimore Enamel Works

9 BIRTHPLACE (City or town) (State or country) Baltimore City Md.

PARENTS

10 NAME OF FATHER George Harry Francis

11 BIRTHPLACE OF FATHER (City or town) Pagesville (State or country) Baltimore Co

12 MAIDEN NAME OF MOTHER Ida Burner

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Bal County

14 Informant Mrs. Frances Frances
(Address) 845 Carroll St

15 Filed . 19 Registrar

1 - 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb 22 . 1935 to Feb 27 . 1935 that I last saw him alive on Feb 27 . 1935 and that death occurred, on the date stated above, at 5 A.m.

The CAUSE OF DEATH* was as follows:

Acute pinusitis with intercranial complications. Autopsy to be performed

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute pinusitis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Feb 23, 1935

Was there an autopsy? Yes

What test confirmed diagnosis? clinical

(Signed) Jerome Snyder, M. D.

. 19 (Address) 1214 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem — DATE OF BURIAL: 3/2/ 1935

20 UNDERTAKER: John F. Cowan & Son — ADDRESS: 901 Walbrook

M. D. B 1268-4

F 10189

296242 Med. F 10189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marshall Geer

(a) Residence: No. Short Hills N. J. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabel (same)

6. DATE OF BIRTH (month, day, year) Oct. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME George A. Geer

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Laura Goodman

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Short Hills N. J. Date Mch 3 1935

19. UNDERTAKER John O. Whitehall Sons
(Address) 806 Eutaw Place

20. FILED ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) FEB 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1935 to Mar 1 1935

I last saw him alive on Mar. 1 1935 Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Unknown
Other contributory causes of importance:	
Arterio sclerosis	Unknown
Broncho pneumonia	Feb 25

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Herbert Eilert M. D.
(Address) Johns Hopkins Hospital

M. D. [illegible] 10190 F 10190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Hillman St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Stell

(a) Residence: No. 913 Hillman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5 - 19 - 34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Stell

14. BIRTHPLACE (city or town) (State or country) San Antonio Texas

MOTHER

15. MAIDEN NAME Lula Whitehead

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Charles Stell
(Address) 913 Hillman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date Mar 4 1936

19. UNDERTAKER Mrs Robert A. Elliott
(Address) 1129 N Gardiner St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 - 28 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22 1935 to July 26 1935

I last saw him alive on July 26 1935. Death is said to have occurred on the date stated above, at 19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	
Pleurisy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornsteen M. D.

(Address) 733 Druid Hill Ave

M. D. B. 1-29-9 F 10191 ✓ F 10191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 S. Eaton St. 26-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Doeller

(a) Residence: No. 810 S. Eaton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Phillip Doeller

7. DATE OF BIRTH (month, day, year): Nov. 23-1864

8. AGE — Years: 70 | Months: 3 | Days: 4 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Joseph Messinger

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT: Phillip Doeller

(Address) 810 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Mch 2 1935

19. UNDERTAKER: George W. Zinkler

(Address) 1737 E. Cager St.

FILED ... 19.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1935, to Feb 27, 1935.

I last saw him alive on Feb 27, 1935. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 2/23/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Reifschneider M. D.

(Address) 2939 Eastern Ave

M. D. B. 1939 F 10192

295/14

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10192

CERTIFICATE OF DEATH

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 26 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Martinez

(a) Residence: No. 525 S Saraya St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anthony

6. DATE OF BIRTH (month, day, year) 5/7/06

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

13. NAME John Velet

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Marchs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date March 1935

19. UNDERTAKER Leo G. Brook

(Address) 1703 N. Patterson Park Ave

20. FILED ..... 1935 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1935 to Feb 27, 1935

I last saw her alive on Feb 27, 1935 Death is said to have occurred on the date stated above, at 6:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myeloblastic leukemia	Sept 1935

Other contributory causes of importance:

Hemorrhage

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Henry D. Stebbins, M. D.

(Address) The Johns Hopkins Hospital

M. D. P. 1934-9 F 10193 ✓ F 10193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 E. 33rd St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reese Sheeler

(a) Residence: No. 813 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23rd 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peterson Drug Co

10. Date deceased last worked at this occupation (month and year) 7/18

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George W. Sheeler

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eleanora Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Burton W. Sheeler

(Address) 12 Madlin Ave - Govdea

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 1st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935 to Feb 27, 1935

I last saw him alive on Feb 27, 1935. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephro sclerosis	3/23/35
Cardio-vascular-Renal	5 yrs
Other contributory causes of importance:	
arterial hypertension	5 yrs
Chronic Bronchitis	5 yrs.

Name of operation Date of

What test confirmed diagnosis? Usual phys exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis F. Krumein M. D.

(Address) 722 N. Kenwood Ave

F 10194

A. D. B. [illegible]

F 10194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635 Oak St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Keefer

(a) Residence: No. 2635 Oak St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~
~~HUSBAND of~~ (or) WIFE of Elizabeth Gerhardt

DATE OF BIRTH (month, day, year) Feb 2nd 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer added

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Park Board

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Franklin Co Pa

13. NAME (If known) Gerhardt

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT John Keefer

(Address) 2635 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's (Hampden) Date Mar 2nd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John [illegible] Coroner. M. D.

(Address) 2635 Oakland Ave

11-1-1935

M. D. B. 1268-B F 10195 ✓ F 10135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 7 Ward)

Length of residence in city or town where death occurred 74 yrs. ? mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ida V. Fairbanks

(a) Residence: No. 2211 Rogers Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of John R. Fairbank

6. DATE OF BIRTH (month, day, year) Oct 29 1859 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Elizha Burton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Conoly

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hos. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Mar 2nd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1935 to Feb 28 1935

I last saw her alive on Feb 28 1935 Death is said to have occurred on the date stated above, at 2.03 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2/25/35
Anuria	2/27/35
Other contributory causes of importance:	
Fracture left Femur	1/4/35
Diabetes mellitus	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, (Signed) H. Proctor M.D.

(Address) Md Gen Hospital

M. D. Record No. F 10196

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10196

CERTIFICATE OF DEATH

47-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Annie Nedwell

(a) Residence: No. 2608 N. Calvert St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 3rd 1880

7. AGE — Years 54 | Months 6 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress. 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewing

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME David Nedwell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Laural Wall.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary T. Mason
(Address) 3100 Brentman St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 2nd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935 19... to Feb. 28 1935.

I last saw her alive on Feb 28 1935. Death is said to have occurred on the date stated above, at 3 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right lung	

Other contributory causes of importance:

Respiratory Failure during operation.

Name of operation 1st Stage Pneumonectomy Date of Feb 28

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

M. D. 8-12684 F 10197

F 10197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Tabachnick

(a) Residence: No. 1602 No. Payson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Tabachnick

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bailiff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sherriff's Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Gerson Tabachnick

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther (Unknown)

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Anna Tabachnick

(Address) 1602 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. New Mt Carmel Date 3-1-35, 19

19. UNDERTAKER Jack Levine Inc.

(Address) 1329 E. Baltimore St.,

20. FILED ....., 19....., ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28-35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..., alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Feb. 28 1935
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Wahrlich M. D.
Coroner

(Address) 16 South Broadway

M. D. R. 1268-9

✓ F 10198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10198

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapelgate Rd. St., 70 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank L. Knell

(a) Residence: No. 334 Agusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Geiger

7. DATE OF BIRTH (month, day, year) June 4 18 [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker

10. Date deceased last worked at this occupation (month and year) 00 3

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Andrew Knell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Catherine Gilligan
(Address) 334 Agusta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date March 2 1935

19. UNDERTAKER Wagner Sisters & Bowe
(Address) 1537 W. North Ave

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3 to Feb. 27 1935

I last saw him alive on Feb 10 1935 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wetherbee Fort M. D.

(Address) 20 E. Preston St

M. D. B 1268-9

10199 F 10199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 S. Sharp St. St., 23 Ward)

Length of residence in city or town where death occurred 9 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne Debro.(C)

(a) Residence: No. 945 S. Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If ~~married, widowed, or divorced~~ (or) WIFE of Israel Debro.(C)

7. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Henrietta Jones.(C)daughter

(Address) 945 S. Sharp St.

BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date 3/1 1935

UNDERTAKER Walter B. Brice

(Address) 1341 Hanley Ave

FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

2/27/35 (Address) 1017 E. Charles St.

pec.—9-30—A. & Co.—250 Blks

F 10200

0200 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 728 S. Bentley St. 1 WARD)

2 FULL NAME Edward E. Hoyt.

(a) RESIDENCE NO 728 S. Bentley St. ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Lenoy Hoyt.

DATE OF BIRTH (month, day, and year) Feb 18-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78			14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 086

(b) General nature of industry, business, or establishment in which employed (or employer) Can Maker

(c) Name of employer Tin Decorating Co

BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Edward Hoyt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Edward Hoyt Son
(Address) 728 S. Bentley St.

Filed 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 27-35

17

I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935, to Feb 27, 1935

that I last saw h[illegible] alive on Feb 27, 1935

and that death occurred, on the date stated above, at 1220 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) 1 yrs. 1/2 mos. ds.

CONTRIBUTORY (Secondary) Chronic Kidney Disease (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. C. [illegible] M. D.

2/28 1935 (Address) 194 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem.

DATE OF BURIAL March 2 1935

20 UNDERTAKER Tilly & Tilden Inc.

ADDRESS 4 S Howard

M. D. P. 1268-9

F 10201

0201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-124 b

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Wright

(a) Residence: No. 585 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/2/1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38.	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bengies, Md.

FATHER

13. NAME William L.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Susie Marshall (Sister) Bengies, Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Gravel Run Cem. Date 3-2-35
Bengies. Md

19. UNDERTAKER Mrs R. A. Cehrs
(Address) 1129 N. Caroline

20. FILED [illegible]

3-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/8, 1935 to 2/26, 1935

I last saw him alive on 2/26, 1935 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, portal	11 mos.
	over

Other contributory causes of importance:

Name of operation Date of Yes

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Calvert G. Reitz, M. D.

(Address) Balto. City Hosp.

M. D. P. 10M-3-7 F 10202 ✓ F 10202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2961 125-a

Registered No. 5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Minnie Hilgeman

(a) Residence: No. 23 N Central Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred Hilgeman

6. DATE OF BIRTH (month, day, year) 6/6/82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Upthoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Geisking

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place BALTIMORE CEM Date 3/2/ 35

19. UNDERTAKER J. Heugane & Son
(Address) 32 S Broadway

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1935 to Feb 27, 1935

I last saw her alive on Feb 27, 1935 Death is said to have occurred on the date stated above, at 6.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow Atrophy Liver	2 wks

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh Young M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

✓ F 10203

10203 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Eutaw Place St., 14 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Vincent Boerckner

(a) Residence: No. 1504 Eutaw Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edgar Boerckner

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: About 49 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Saleswoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Practically

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Snow Hill Md

13. NAME: Vincent

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Elmer Bedrosian

(Address) 1504 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Snow Hill Md Date Mar 4 1935

19. UNDERTAKER: Wm. J. Tuckey & Son

(Address) Wood & Fre

20. FILED ... 19... Registrar.

Mar 1935 NW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1935, to March 1, 1935

I last saw her alive on Feb 28, 1935. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 yr ago
Coma	

Other contributory causes of importance:

Arterial Sclerosis	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 2216 Eutaw Pl

M. D. B. 1203-9

F 10204

10204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 46 B

CITY OF BALTIMORE: (No. ..... St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 27 yrs. ... mos. ... ds.

2. FULL NAME — John Aquilera

(a) Residence: No. 234 S. Callington ... Ward. ... (If non-resident give city or town and State)

(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of — Eva Aquilera

6. DATE OF BIRTH (month, day, year) — May 10, 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Butcher's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Butcher Shop

10. Date deceased last worked at this occupation (month and year) — 1935

11. Total time (years) spent in this occupation — Life

12. BIRTHPLACE (city or town) (State or country) — Germany

13. NAME — Conrad Gunther

14. BIRTHPLACE (city or town) (State or country) — Germany

15. MAIDEN NAME — Konney Lang

16. BIRTHPLACE (city or town) (State or country) — Germany

17. INFORMANT — Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place Holy Rosary Cem. Date March 4th 1935

19. UNDERTAKER — Geo. A. Weber

(Address) 705 S. Ann Street

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Feb 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1935 to Feb 28 1935

I last saw him alive on Feb 28 1935. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1933
Other contributory causes (if important):	
Bronchopneumonia	Feb 25

Name of operation — Gastroenterostomy — Date of 2/11/35

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Samuel T. Ford M.D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

0205

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10205

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 E Fort Av St., 2nd Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen F O'Brien

(a) Residence: No. 1610 E Fort St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edward O'Brien

6. DATE OF BIRTH (month, day, year) Aug 1 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Deceased

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dennis O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs E O'Brien Wingate

(Address) 1610 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date March 2 1935

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

20. FILED 3-1-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1935 to Feb 27 1935

I last saw h..... alive on Feb 26, 1935. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Auricular Fibrosis	
Other contributory causes of importance: Chronic interstitial nephritis,	8 d

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thos Fu Shreve M. D.

(Address) 2378 Eutaw Pl

M. D. B. 1268-9

✓ F 10206

10206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislaus Borooski.

(a) Residence: No. 2118 Cambridge St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? 1862

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER'S FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Helen Cherry (friend)
(Address) 2034 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus (Cem. Date March 2. 1935

19. UNDERTAKER John M. Dehey
(Address) 401 S. Chester St.

20. FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28. 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/27. 1935. to 2/28. 1935.

I last saw h. alive on 2/28. 1935. Death is said to have occurred on the date stated above, at 12.40 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of colon. Date of onset 6 wks (?)
Gangrene of lung ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roberta Reuter, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

10207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10207

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 N. Charles St., 17 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Cornelius Renwick

(a) Residence: No. 2735 N. Charles St. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Virginia Gorden Renwick

DATE OF BIRTH (month, day, year) Dec. 7th 1855

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79 years	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Publisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City N.Y. U.S.A.

13. NAME George C. Renwick

14. BIRTHPLACE (city or town) (State or country) New York City

15. MAIDEN NAME Kazia Peck Renwick

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Marguerite Renwick Kaye

(Address) New York

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. March 2nd 1935

19. UNDERTAKER Henry W. Jenkins & Son Co.

(Address) Cathedral & Mulberry

1935 ... Registrar.

20. FILED ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following. Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) John H. Mussen Coroner, M. D.

(Address) 34 E. Lexington

M. D. [illegible] F 10208

HEALTH DEPARTMENT—CITY OF BALTIMORE F 10208

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tom Hobgen

(a) Residence: No. 865 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
M	white	Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Kate Hobgen

6. DATE OF BIRTH (month, day, year) May 22nd 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) England

13. NAME of Father Hobgen

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME of Mother Catherine

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Stuart Hobgen
(Address) 865 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mar 2nd 1935

19. UNDERTAKER Wm Cook
(Address) [illegible] E Paul St

[illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-23 1935 to 2-27 1935

I last saw him alive on 2-27 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, bilateral	2-17-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George C. Burgdorf Jr. M. D.

(Address) University Hospital

M. D. B. 1268-2

F 10209

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10209

CERTIFICATE OF DEATH

164-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Brighton St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Marie Kauffman

(a) Residence: No. 3312 Brighton St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of: John Kauffman

6. DATE OF BIRTH (month, day, year): Feb 15th 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): Feb 28th 1935

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: William D. McKinzey

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Mary Lowman

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mary Wilde 115 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Mar 4th, 1935

19. UNDERTAKER (Address): William Cook 1217 St Paul St

FILED: 2-4-1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Asphyxiated by Inhalation of Illuminating Gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: ..... Was there an autopsy? No

23. If death was due to external causes (violence) state also the following:

Accident, suicide, or homicide? Suicide Date of injury Feb 28 1935

Where did injury occur? 3312 Brighton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Asphyxiated by Gas

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leek Coroner, M. D.

(Address) London

M. D. R. 1269

F 10210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. North Bend Rd. &Frederick 28 Ave. Ward)

Length of residence in city or town where death occurred 8 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Lemuel Beale Hancock

(a) Residence: No. North Bend Rd. & Frederick Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) Nov.5, 1860

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	74	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marley, A.A.Co. Md.

13. NAME Lemuel Hancock

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise M. Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs.Daisey D.Ellers
(Address) North Bend Rd. &Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Mar.2, 1935

19. UNDERTAKER John J. Denny
(Address) 715 Light St.

20. FILED 1935 .. 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb.27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2.27 1935 to 2.27 1935
I last saw him alive on 2.27 1935 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1930
Cerebral hemorrhage	1935

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ernest Spencer Jr. M. D.

(Address) 4123 Fredonia Ave Balto. Md.

M. D. B. 1263-9

✓ F 10211

F 10211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 E. 22nd St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis J. Sherman

(a) Residence: No. 810 E. 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah E. Sherman

7. DATE OF BIRTH (month, day, year) Oct. 20-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Sherman.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Sarah E. Sherman
(Address) 810 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath. Date 3/4 1935

19. UNDERTAKER J. Fus McCully
(Address) 130 E. Fayette St.

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1934 to Feb. 28 1935

that I last saw him alive on Feb. 28 1935. Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1931
Arteriosclerosis	

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John D. Peck M. D.

(Address) 936 E. Monument St.

Spec. — 1-10-21 — MAT — 1500 Blks.

F 10212

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10212

CERTIFICATE OF DEATH.

94B

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 2416 Mc Elderry ST., 7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Flora Wills

(a) RESIDENCE NO. 2416 Mc Elderry ST., WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec. 21, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	2	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Jacob Wills

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Elizabeth —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Harry Bauer

(Address): 2416 Mc Elderry St

15 Filed 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 27 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb. 5 1935 to Feb. 27 1935

that I last saw her alive on Feb. 27 1935

and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Influenza, bronchopneumonia, angina vincents, leg. septicemia, coronary embolism

(duration) yrs. mos 22 da.

CONTRIBUTORY (Secondary) gastric hemorrhage

(duration) yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No clin data

What test confirmed diagnosis?

(Signed) Leo Ellenger, M. D.

, 19 (Address) 703 E Balto St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: Mar 2 1935

20 UNDERTAKER: Dris C. Miller & Son

ADDRESS: 233 E Baltimore St

M. D. F. 10213 ✓ F 10213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 23

1. PLACE OF DEATH United States Marine Hospital, CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 17- Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Morris Brown

(a) Residence: No. Reedville, Callao, Virginia. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

6a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Irene Wilson Brown

7. DATE OF BIRTH (month, day, year) ? - ? - ?

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 7-12-32
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) ? Virginia

13. NAME Walter John Brown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT U. S. Marine Hospital Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date March 2, 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 13th, 1932, to February 27, 1935
I last saw him alive on February 27, 1935 Death is said to have occurred on the date stated above, at 12:12pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, acute, pulmonary, bronchopneumonic	d-19-35

Other contributory causes of importance:

Hypertension, artery	unknown

Name of operation Date of

What test confirmed diagnosis Cl.&Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. H. Gordon, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

M. D. B 1268-0

F 10214

F 10211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1427 Brunt St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Knox
(a) Residence: No. 1427 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	Clr	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jas Knox

DATE OF BIRTH (month, day, year) 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
25	24			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Md.

13. NAME Geo. Green

14. BIRTHPLACE (city or town) (State or country) Hanover Md.

15. MAIDEN NAME Rachel Green

16. BIRTHPLACE (city or town) (State or country) Hanover Md.

17. INFORMANT Jas Knox
(Address) 1427 Brunt

18. BURIAL, CREMATION, OR REMOVAL
Place Hanover Md. Date Mar 7 1925

19. UNDERTAKER Thomas C. Kelly
(Address) 1303 Priestman St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1925

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Morbid Growth		

Other contributory causes of importance:

Name of operation Regular Date of n/a

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. L. Kirk M. D.
Coroner
(Address)

Spec—12-9-31 A Gen—12-10-31

F 10215 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10215

CERTIFICATE OF DEATH.

107-a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE; (No. 589 W. Baker St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Marguerite Brown

(a) RESIDENCE NO. 589 W. Baker St. Ward

(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) [illegible] 1932 1933

7 AGE	Years	Months	Days	IF LESS than 1 day....hrs. or....min.
	2	11	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: —

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) Newsome

(State or country) Va

PARENTS

10 NAME OF FATHER Baker Brown

11 BIRTHPLACE OF FATHER (city or town) Henderson

(State or country) Va

12 MAIDEN NAME OF MOTHER Purnell Burgess

13 BIRTHPLACE OF MOTHER (city or town) Henderson

(State or country) Va

14 Informant Purnell Brown

(Address) 589 W Baker St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb 28 1933

17 I HEREBY CERTIFY, That I attended deceased from Feb 23 1933, to Feb 28, 1933,

that I last saw her alive on Feb 28, 1933,

and that death occurred, on the date stated above, at 9:25 A.M.

The CAUSE OF DEATH* was as follows: Bronchopneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Wm H. Watts, M. D.

Feb 28 1933 (Address) 515 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Handsom Va.

Date of Burial: Mar 19 33

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pres

F 10216 ✓ F 10216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Letitia McElroy

(a) Residence: No. 8 y N. Madeira St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/17/1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

13. NAME Edi McElroy

14. BIRTHPLACE (city or town) (State or country) Md —

15. MAIDEN NAME Letitia Hyson

16. BIRTHPLACE (city or town) (State or country) N-Y-

17. INFORMANT Parents —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 3/2/35 19
19. UNDERTAKER Filby & Zeiler Inc.
(Address) 705 S Wolfe St.

20. FILED MAR 2 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1935 to Feb. 28, 1935
I last saw her alive on Feb. 28, 1935 Death is said to have occurred on the date stated above, at 5:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar	Feb 24
Emphysema.	" 27

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edi D Edwards, M. D.

(Address) .....

M. D. B. 1268-9 F 10217

✓ F 10217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 So. Ann Street St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Magdalena Marcinko

(a) Residence: No. 111 So. Ann Street St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pawel Marcinko

6. DATE OF BIRTH (month, day, year) May 20 1886 KT6

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Andrzy Kwiatkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Maryanna Godek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Paul Marcinko Husband

(Address) 111 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 4 1935

19. UNDERTAKER John H. Weber

(Address) 1401 E. Chester St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 . 1935 . to Feb. 28, . 1935

I last saw h... alive on . 19 Death is said to have occurred on the date stated above, at 530 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Myocardial Insufficiency	
Pneumonia	
Tuberculosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Kawonski M. D.

(Address) 2529 Eastern Ave

M. D. B. 1268-9 F 10218 F 10218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 William St. St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Colbert.

(a) Residence: No. 1037 william St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, year) Nov. 17-1886.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER FATHER

13. NAME William E. Colbert

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Letha V. Hardy

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James E. Colbert Jr.
(Address) 1037 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date March 4th 1935

19. UNDERTAKER C Schlosman & Son
(Address) 1039 Edmonson Ave

20. FILED 3-1 19 35 Registrar

2-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24 19 35 to Mar. 1 1935

I last saw him alive on Feb. 28 1935. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/24/35
Other contributory causes of importance: Acute Delirium of Pneumonia	2/29/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

3/1/35 (Signed) R. L. Cameron M. D.
(Address) 1644 Hanover St

M. D. F. 1939 F 10219

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10219

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2045 E. North Avenue St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara M. Forrester

(a) Residence: No. 2045 E. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William A. Forrester

7. DATE OF BIRTH (month, day, year) Oct. 28, 1860.

AGE Years	Months	Days	If LESS than 1 day XXXXXX or min.
74	4	1 +	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Caspar Lunz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Brooks
(Address) 2045-E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 3/4/35, 19

19. UNDERTAKER Gump & Ruth For
(Address) 1 [illegible] Fairmount Ave

20. FILED ..., 19.. ..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 20, 1934, to March 1, 1935

I last saw her alive on March 1, 1935. Death is said to have occurred on the date stated above, at 1:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Cerebral Thrombosis	12/20/34

Other contributory causes of importance:

Myocardial Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas Haas, M. D.

(Address) 2039 E. North Ave

F 10220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10220

CERTIFICATE OF DEATH

✓ 30

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 9 Ward)

Length of residence in city or town where death occurred 20 Years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Slingerland

(a) Residence: No. 1532 E. 28th, Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 8, 1894.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	I	20	######

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laural Maryalnd

13. NAME Peter Slingerland

14. BIRTHPLACE (city or town) (State or country) Laural Maryland

15. MAIDEN NAME Rose Flester

16. BIRTHPLACE (city or town) (State or country) Laural Maryland

17. INFORMANT Mrs. Rose Slingerland

(Address) 1532 E. 28th, Street

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy Hill Cem. Date March 4, 1935

Laural Md.

19. UNDERTAKER

(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Kidney	2.

Other contributory causes of importance:

Chronic Nephritis	2.

Name of operation Surgery Date of Feb 1-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph L. Valentine, M. D.
Coroner

(Address) .....

M. D. Form 4

F 10221

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10221

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Chesterfield Ave Ward 26-3

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Stoney

(a) Residence: No. 3107 Chesterfield Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Geo A. Stoney

6. DATE OF BIRTH (month, day, year): Jan 30 1873

7. AGE: Years: 62 | Months: | Days: 28 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

MOTHER FATHER

13. NAME: Franz Wolf

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): John Cumber 3107 Chesterfield

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date: Mar 4 35

19. UNDERTAKER (Address): Jos J Sturtstone 3001 Kentucky ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1935 to Feb 28 1935.

I last saw her alive on Feb 28, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Cardiac Dilitation &c	

Other contributory causes of importance:

Nephritis Chronic & Glomerula

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Howard Tenolla M. D.

(Address)

M. D. B. 1268-9

F 10222

0222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Ger'l St. Hosp (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Freeland

(a) Residence: No. 1236 Beechwood Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 27, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2 +	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year): 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Elmer Freeland

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Elma Perry

16. BIRTHPLACE (city or town) (State or country) Florida

17. INFORMANT Elmer Freeland
(Address) 1236 Beechwood Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date 3/4 1935

19. UNDERTAKER Wm. J. Connolly
(Address) Govan Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27 1935 to Mar 1 1935

I last saw him alive on March 1 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/27
Cyanosis - Lenadtmc	2/28
Other contributory causes of importance: Dehydration	3/1

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Earle F. Wilder M. D.

(Address) West Balto. [illegible]

M. D. F. 1268-8

F 10223

10223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 S. Bentalou St. Ward 20)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Sylvannah

(a) Residence: No. 19 S. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie M. Sylvannah

6. DATE OF BIRTH (month, day, year) April 9th 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co. office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Emanuel Sylvannah

14. BIRTHPLACE (city or town) (State or country) Portugal

15. MAIDEN NAME Delfina Rose

16. BIRTHPLACE (city or town) (State or country) Portugal

17. INFORMANT Mrs. Jennie M. Sylvannah

(Address) 19 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cemetery Date Mar. 4 1935

19. UNDERTAKER George L. Schnaar

(Address) 2101 Eutaw St.

20. FILED [illegible] Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 1934 to March 1 1935

I last saw h[illegible] alive on March 1 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	Jan. 1931

Other contributory causes of importance:

Name of operation Neck dissection Date of Jan. 1931

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Hicks Crabbs M. D.

(Address) Medical Arts Building

M. D. P. 1268-9

F 10224

0224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 50 v

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister M. Joan Droppleman

(a) Residence: No. St Manjo Hospital, St., Clarksburg, W. Va. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 17, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Hospital

10. Date deceased last worked at this occupation (month and year) January 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) St Clara W Va.

13. NAME Anthony Droppleman

14. BIRTHPLACE (city or town) (State or country) St Clara W. Va.

15. MAIDEN NAME Clara Determan

16. BIRTHPLACE (city or town) (State or country) St Clara W. Va.

17. INFORMANT Fr. Jerome McLaughlin

(Address) Weston, W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Wheeling W. Va. Date 3-3-35

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1935, to March 2, 1935

I last saw her alive on March 2, 1935 Death is said to have occurred on the date stated above, at 12:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left breast	Exploratory
Wound suppurating	
Streptococcus Hemolyticus	2-17-35
Pleurisy left chest	2-22-35

Other contributory causes of importance:

Erysipelas	2-22-35

Name of operation Radical Mastectomy 2-15-35

What test confirmed diagnosis? Operation Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

F 10225

HEALTH DEPARTMENT—CITY OF BALTIMORE

10225 ✓ 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 N. Caroline St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Porter

(a) Residence: No. 1221 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Porter

6. DATE OF BIRTH (month, day, year) June 17 - 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	45	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Chapmans

14. BIRTHPLACE (city or town) (State or country) St Mary County Md

MOTHER

15. MAIDEN NAME Mary Watts

16. BIRTHPLACE (city or town) (State or country) St Mary County Md

17. INFORMANT Mary Briscoe (Mother)

(Address) 1221 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Mary Lee

Place Mt. Lair Cem. Date May 4th, 1935

19. UNDERTAKER Mrs. Robert A. Elliott

(Address) 1129 Caroline St.

20. FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 1 - , 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934 to March 1, 1935

I last saw her alive on March 1, 1935 Death is said to have occurred on the date stated above, at 3 00 p. m.

The principal cause of death and related causes of importance were as follows:

Ch Nephritis

Other contributory causes of importance:

Uremic Coma

Date of onset

Name of operation ..... Date of ....

What test confirmed diagnosis? Physical Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify .....

(Signed) A. L. Hornstein M. D.

(Address) 733 Orchard St

D. B 1269-9

F 10226

0226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 15 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Louis Goldberg

(a) Residence: No. 1407 Pressman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida B.

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Samuel Goldberg

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Dorothy

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ida B. Goldberg
(Address)

18. BURIAL, CREMATION, OR REMOVAL 3-3-35
Place Woodlawn Cemetery Date 19

19. UNDERTAKER Louis Levin Sons
(Address) 1439 E. Baltimore St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction with probable peritonitis	
Other contributory causes of importance: Umbilical Hernia .	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 506 E. Lexington

M. D. P. 1268-9

F 10227

0227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton + Wilkins Ave. St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Patricia Selby

(a) Residence: No. Old Frederick Rd. & Elliot City, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	22	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Bradley Selby

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Isabella Blum

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Bradley Selby

(Address) Elliott City

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Pleasant Cem. Date 4 . 1935

19. UNDERTAKER E. Regnbottom Jr.

(Address) Ellicott City, Md.

1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-2-35 8 PM to 3-2-35 10 45 PM 19

I last saw her alive on 3-2-35 10 45 PM 19 Death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria Bacilli Toxemia	2-27-35

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (No) If so, specify

(Signed) M. D.

(Address) St Agnes Hosp

M. D. R. 1265-9

F 10228

F 10228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28 Ward)

Length of residence in city or town where death occurred Probably 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 65 yrs. 0 mos. 0 ds.

2. FULL NAME Margaret C. Gillespie

(a) Residence: No. Cumberland, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) — 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn
(State or country) New York

13. NAME James Gillespie

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Mary Cameron

16. BIRTHPLACE (city or town) Brooklyn N. Y.
(State or country)

17. INFORMANT Mt Hope Records
(Address) Mt Hope. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Mar 4 1935

19. UNDERTAKER Stuart Mortuary Co.
(Address) Lorain and Carey

20. FILED Mar 5 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1928 to Mar 1, 1935

I last saw her alive on Mar 1, 1935 Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paranoid Precox	18 yrs.
Chronic Interstitial Nephritis	1 yr
Myocardial Degeneration	1 yr
Other contributory causes of importance: Cerebral Embolism.	

Name of operation Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Duncan P. Alagia M. D.

(Address) 3326 Fairfield Ave

Spec.—0-30—A. B. Co. 1930

F 10229

F 10229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4016 Bonner Road S. 15 WARD)

2. FULL NAME Minnie C. Blackbrook

(a) RESIDENCE NO. 4016 Bonner Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wilson P. Blackbrook

6 DATE OF BIRTH (month, day, and year) Feb 12-1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	x	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va

PARENTS

10 NAME OF FATHER Talbot Sutton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montpelier

12 MAIDEN NAME OF MOTHER Sarah Green

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montpelier

14 Informant Mrs Maude E. Nes
(Address) 4016 Bonner Road

15 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 2-1935

17

I HEREBY CERTIFY, That I attended deceased from March 2, 1935, to March 2, 1935, that I last saw her alive on March 2, 1935, and that death occurred, on the date stated above, at 1:50 P. M.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic arthritis

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Exam

(Signed) [illegible] M. D.

3/2, 1935 (Address) 705 Med Arts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Mar 5 1935

20 UNDERTAKER: Putnam & Co — ADDRESS: 2324 Eutaw St.

Spec. 1-30 M. & T. 250 Bks.

F 10230

F 10230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

1.-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 Ridgely St. ST. 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2.-FULL NAME Elizabeth Weber.

(a) RESIDENCE NO. 1045 Ridgely St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. --- mos. --- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If ~~married~~ widowed, or ~~husband~~ or) WIFE of Carl Weber

DATE OF BIRTH (month, day, and year) October 5, 1848

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	86	4	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Andrew Asel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER ----- Zinn.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Joseph Weber (son)

(Address) 1045 Ridgely St.

Filed 3 1935 19[illegible] [illegible] Register

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) February 28, 1935

17 I HEREBY CERTIFY, That I attended deceased from December 21st 1924 to February 28 1935

that I last saw her alive on February 28 1935

and that death occurred, on the date stated above, at 11.10 p. m.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis

Cerebral Hemorrhage Hemiplegia

(duration) ....yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) Otto H. Reinhardt, M. D.

3/1, 1935 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Mar 4 1935

20 UNDERTAKER F Vernon Kechner

ADDRESS 592 Hollins

M. D. B. 1268-9

F 10231

HEALTH DEPARTMENT—CITY OF BALTIMORE

10231

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 E. Madison St., 10 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Sheridan

(a) Residence: No. 221 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 1917

7. AGE: Years 18 | Months 1 | Days ... | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Grovania Ga.

13. NAME: John R. Sheridan

14. BIRTHPLACE (city or town) (State or country): Ga.

15. MAIDEN NAME: Mary Brown

16. BIRTHPLACE (city or town) (State or country): Ga.

17. INFORMANT: Walter Billings
(Address) 221 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place Linchfield Ga Date 3-3 ... 1935

19. UNDERTAKER: Byron & Manier & Knight
(Address) 218 McElderry St

20. [illegible] Registrar.

1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-15 . 1935 to 2-27 . 1935

I last saw her alive on 2-27 . 1935 Death is said to have occurred on the date stated above, at 9:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	2-15 35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Geo [illegible] M. D.

(Address) 20 [illegible] St

H. D. B. 1268-9

E 10232

0232

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Dr Sterns Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette W Pulaski St., 20 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Gertrude M. Hittman

(a) Residence: No. 1938 Hollins St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John M Hellman

DATE OF BIRTH (month, day, year) Aug 21 1882

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME August M Hammel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Grabert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Hellman (Address) 1938 Hollins

18. BURIAL, CREMATION, OR REMOVAL Date 3/4 1935

Place Catholic Cem

19. UNDERTAKER Jos A Fahey (Address) Fayette & Paca

20. FILED 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-27-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1935 to 2-27 1935

I last saw her alive on 2-27 1935 Death is said to have occurred on the date stated above, at 8 15 P.M.

The principal cause of death and related causes of importance were as follows: Glomerulo Nephritis — Date of onset ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Vincent S. Shanahan M. D.

(Address) Dr Sterns Hospital

ec. 2-29-28—L. F. S.—500 Bks.

10233 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 10233

93-c

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2302 Harlem Ave ST. 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Edward Rosenstiel

(a) RESIDENCE NO. 2302 Harlem Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie Rosenstiel

DATE OF BIRTH (month, day, and year) Dec 20, 1869

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	65	2	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman 0066

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired.

BIRTHPLACE (city or town) (State or country) Mt. St. Mary's, Md.

10 NAME OF FATHER Joseph Rosenstiel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Emmitsburg Md.

12 MAIDEN NAME OF MOTHER Mary Dukehart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Fayetteville Pa.

Informant Mrs. Lillie Rosenstiel

(Address) 2302 Harlem Ave

Filed 3-4-1935 19 H. E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 25, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1934, to Feb. 25, 1935, that I last saw him alive on Feb. 27, 1935 and that death occurred, on the date stated above, at 7 20 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) George E. Shannon, M. D.

3/5, 1935 (Address) 700 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL 3/4/35

20 UNDERTAKER George E. Stanley

ADDRESS Fulton & Fayette

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 10884

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 George St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Colby

(a) Residence: No. 623 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Russie

6. DATE OF BIRTH (month, day, year) July ? 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	63	7	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

13. NAME Mary Colby

14. BIRTHPLACE (city or town) (State or country) Matthews Co. Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) John Colby 623 George St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 3/5/35 19

19. UNDERTAKER (Address) Wm. George & Sons 1631 Druid Hill Ave.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1935, to Feb. 26, 1935

I last saw her alive on Feb. 26, 1935. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Softening	2/10/35
Other contributory causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. M. Taylor, M. D.

(Address) 1-7-N Pa. Ave.

M. D. B. 126

F 10235

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10235

V 34-92a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Gen Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510-14 N. Gilmor St., 15 Ward)

Length of residence in city or town where death occurred 3 wks mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hamilton Snowden

(a) Residence: No. Marriottsville, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Married

6a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary E. Snowden

6. DATE OF BIRTH (month, day, year) Jan 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Utter of ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feb 56

11. Total time (years) spent in this occupatinn unk

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

13. NAME Reuben Snowden

14. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

15. MAIDEN NAME Mary E. Andrew

16. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

17. INFORMANT Preston Snowden

(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL Liberty Md Date Mar 6, 35

19. UNDERTAKER Rees & Son

(Address) Sykesville Md.

20. FILED Mar 6 1935 [illegible] Registrar.

F 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/13, 1935 to 3/2, 1935

I last saw h~~im~~ alive on 3/2, 1935 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic regurgitation	1 Mos
Cardiac decomp	"
Myocarditis	"
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carson C. Hinman, M. D.

(Address) 202 Baker St

M. D. B 1268-9

F 10236

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10236

CERTIFICATE OF DEATH

X 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Renna Coar

(a) Residence: No. Simpsonville, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar 1/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

13. NAME Melvin L. Coar

14. BIRTHPLACE (city or town) (State or country) Montgomery Co., Md.

15. MAIDEN NAME Emma Mildred Renn

16. BIRTHPLACE (city or town) (State or country) Catonsville, Md.

17. INFORMANT Melvin I Coar
(Address) Simpsonville. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 4 1935

19. UNDERTAKER Easton Sons
(Address) Ellicott City

20. FILED Mar 5 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. B. Rogers M. D.
Coroner

(Address) 500 E Monument

M. D. B. [illegible] F 10237

F 10237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-0

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2842 St Paul St., 12 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph L. McCready

(a) Residence: No. 2842 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen N. McCready

6. DATE OF BIRTH (month, day, year) Dec 9th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph L. McCready

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Winnifred Conway

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rev. R. McCready
(Address) 2842 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date March 14 1935

19. UNDERTAKER J. S. Murphy & Son
(Address) 1300 Eutaw Place

20. FILED March 15 1935 [illegible] Registrar

A 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to March 1 1935

I last saw h... alive on Feb 28 1935 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardio-Vascular disease	

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Love M. D.

(Address) 2211 Eutaw Place

M. D. P. 12614 F 10238 F 10238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2276 Woodberry Ave 3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rebecca M. Hall

(a) Residence: No. 2276 Woodberry Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of: Walter D. Hall

6. DATE OF BIRTH (month, day, year): Aug 7th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: John Nixon

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary R. Crawford

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Louis J. Strahler
(Address): 2276 Woodberry Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Date: Mar 5th 1935

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. FILED: Mar 7 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1935 to Mar 1 1935

I last saw her alive on March 1 1935 Death is said to have occurred on the date stated above, at 8.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Grippe	2 week
Chronic Myocarditis	7
Bronchopneumonia	2/28/35

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Levy M. D.

(Address) 1844 W. North Ave

H. D. File No. F 10239

F 10239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 N Calvert St., 17 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Caroline H Bode

(a) Residence: No. 2824 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or) WIFE of: Gustav Bode

7. DATE OF BIRTH (month, day, year): Jan 12 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month or year): 1934

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Peter Struven

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Sophia Lueken

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Albert J Struven
(Address): 2824 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Mar 4 1935

19. UNDERTAKER: William Cook
(Address): 1217 E Fayette St

20. FILED 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 1 1935

22. I HEREBY CERTIFY, That I attended deceased from February 19 1932 to March 1 1935

I last saw her alive on March 1 1935 Death is said to have occurred on the date stated above, at 7 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Arteriosclerosis Myocardial Insuff.	

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene J Leopold, M. D.

(Address) 200 W Lafayette Ave

M. D. File No. 10240 F 10240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

Registered No.

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Lafayette Ave & Fulton St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Manning

(a) Residence: No. 4705 Beaufort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~wife~~ Alice Manning

7. DATE OF BIRTH (month, day, year) April 7th 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Carpenter

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Manning

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER McKeown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Francis S. Dieter

(Address) 4705 Beaufort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 5th, 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1935, to March 2, 1935

I last saw him alive on March 2, 1935. Death is said to have occurred on the date stated above, at 7.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar Pneumonia	2/25/35
2. Chronic Myocardial Disease	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm A Lemmon M. D.

(Address) West Balto Gen'l Hosp

F 10241

F 10241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-F

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 LEITITH AVE St., 25 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth 56 yrs. mos. ds.

2. FULL NAME HARRY WALDEMAR EWOLOT

(a) Residence: No. 1807 LEITITH AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of MARIE E. EWOLOT

DATE OF BIRTH (month, day, year) DEC 16 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. IRON WORKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. IRON STOVE FOUNDRY

10. Date deceased last worked at this occupation (month and year) DEC 6, 1933

11. Total time (years) spent in this occupation 40 YRS

12. BIRTHPLACE (city or town) (State or country) GERMANY

13. NAME ? EWOLOT

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME CATHERINE PETERSEN

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT FLORENCE EWOLOT

(Address) 1807 LEITITH AVE

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 5 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 2 1935

22. I HEREBY CERTIFY, That I attended deceased from FEB 25 1935 to MAR 2 1935

I last saw h[illegible] alive on MARCH 2 1935. Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

UREMIA

CANCER OF PENIS

Date of onset 3-2-35

Other contributory causes of importance:

ARTERIOSCLEROSIS

CEREBRAL HEMORRHAGE

Name of operation Date of

What test confirmed diagnosis? EXAM Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Edward J Nelson M. D.

(Address) 632 Washington Blvd

M. D. F. 1929 F 10242

F 10242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S. Bouldin St., No Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Petty

(a) Residence: No. 415 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

6a. If ~~married~~ widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of: Edward Petty

7. DATE OF BIRTH (month, day, year): Nov 10th 1868

8. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
66	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Great Falls Va

13. NAME: Richard Walker

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Lawrence Petty

(Address): 213 N. Rose St

18. BURIAL, CREMATION OR REMOVAL

Place: Alexandria Va Date: Mar 5th 1935

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4th 1935 to Mar 2nd 1935

I last saw her alive on 2/27/35 19 . Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart — Date of onset 2/27/35

Other contributory causes of importance:

Chronic Myocarditis
Arteriosclerosis
Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of Injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Fuller M. D.

(Address) 3323 E Balto St

F 10243

F 10243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 N. Calvert St., 17 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Tanner

(a) Residence: No. 1804 N. Calvert St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Ellen Belt

6. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of) Ellen Belt

7. DATE OF BIRTH (month, day, year) Aug 31st 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Detroit Michigan

13. NAME Frances Tanner

14. BIRTHPLACE (city or town) (State or country) Michigan

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Ellen B. Tanner
(Address) 1804 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 4th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from February 21 1935 to March 2nd 1935

I last saw him alive on Feb 24 1935 Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset about 1 yr.

Other contributory causes of importance:

Heart failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Reginald J. Tonry, M. D.

(Address) 4142 E. North Ave

F 10244

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10244

CERTIFICATE OF DEATH

✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5422 Pembroke Ave. St. 27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Walters

(a) Residence: No. 5422 Pembroke Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	W.	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman A. Walter

DATE OF BIRTH (month, day, year) Aug. 13 1901

AGE 33 Years	Months 6	Days 15	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Karl

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Herman A. Walter

(Address) 5422 Pembroke Ave.

18. BURIAL, CREMATION, OR REMOVAL 1/4/35

Place Holy Redeemer Date 3 . 19

19. UNDERTAKER Leonard J. Rusk

(Address) 2303 Mayfield Rd.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 . 1935

22. I HEREBY CERTIFY, That I attended deceased from t . 1931 to 2/28 . 1935.

I last saw her alive on 2/17 . 1935 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmon T.b.	1931

Other contributory causes of importance:

Name of operation NO Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S Hennessy M. D.

(Address) 4810 Belair Rd

M. D. B 1268-9

F 10245

F 10245 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 167

Registered No. .....

1. PLACE OF DEATH Garage rear of

CITY OF BALTIMORE: (No. 1718 E. 32nd St St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Howard Reisenweber

(a) Residence: No. 1728 E. 32nd St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 14/1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	2	17 8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercantile Tr. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John Reisenweber

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Sadie Schneider

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Henry Reisenweber

(Address) 1716 E. 32nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Mar 4 19 35

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at before 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to pistol	
shot wound of chest	3/1/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Injury 3/1/35 19 .....

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place garage of rear of 1818 E. 32nd

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) ✓ 108 E Fayette

F 10246

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10246

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 W. Lexington St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Fanny E. Pearce

(a) Residence: No. 1720 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ of
(or) WIFE of E. Thos. Pearce
— 1868

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ft. Loudoun Penn.

13. NAME Mary Livingston

14. BIRTHPLACE (city or town) (State or country) Ft. Loudoun Penn.

15. MAIDEN NAME McClenahan

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Fred. Pearce,
(Address) 1720 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Carthage N.C. Date Thurs. Dec 26 19 35

19. UNDERTAKER Roy Oliver
(Address) 1100 Pratt St.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to Dec. 2 1935

I last saw her alive on Dec. 2 1935 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George E. Gorman M. D.

(Address) 627 Lexington

F 10247

F 10247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1522 N. Broadway (Ward) 8
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. 19 mos. 4 ds. 25 How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Emma Fletscher

(a) Residence: No. 1522 N. Broadway, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of John C Fletscher

DATE OF BIRTH (month, day, year) Oct. 5, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James E. Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie Smith.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. John C Fletscher

(Address) 1522 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Mar 4 1935

19. UNDERTAKER Chas. Fuchs Sons & Partner

(Address)

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1935 to Mar. 2 1935

I last saw her alive on Mar 1 1935. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart — Date of onset — Immediate

Other contributory causes of importance:

Mitral Regurgitation of Heart — about 2 yrs

None.

Name of operation ..... Date of .....

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Theodore Engel M. D.

(Address) 2945 St. Paul St

10248 F 10248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3030 Belmont Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah J. Wennagel

(a) Residence: No. 3030 Belmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George L. Wennagel

DATE OF BIRTH (month, day, year) Nov. 21, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME Fred K. Klages
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Jane Anston
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Mr. Wes. L. Wennagel
(Address) 3030 Belmont Ave
18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date Mar. 4 1935
19. UNDERTAKER Otto Wickersheim
(Address) North & Penna Ave
20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1935 to March 1 1935
I last saw h[er] alive on March 1st 1935 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	1934
Diabetes Mellitus	1915
	after

Other contributory causes of importance:

Cardiac Insufficiency	one mo

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Stelman F. Scheleman M. D.
(Address) 6 East Biddle St

F 10249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 W. University Pkway (St., Ward)

Length of residence in city or town where death occurred 82 yrs. mos. dd. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Parker

(a) Residence: No. 901 W. University Pkway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Parker.

DATE OF BIRTH (month, day, year) Jan. 23, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME William Graham

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Ann Reese

16. BIRTHPLACE (city or town) (State or country) Wales.

INFORMANT Mrs. Willis Clemmitt

(Address) 901 W. University Pkway

BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Mch 4 '35

UNDERTAKER Wm. J. McGuire Sons

(Address) North & Paca.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 - 1935, to Mch 2 - 1935

I last saw h.. alive on Mch 1 - 1935. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1933
Other contributory causes of importance: Acute Dilatation of Heart	Mch 2 35

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Gill Hall M. D.

(Address) 1631 2 North Ave

D. B. 1248-0

F 10250

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10250

51-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2408 Raney Rd St., 27 Ward)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Johnston Spencer

(a) Residence: No. 2408 Raney Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M. Spencer

7. DATE OF BIRTH (month, day, year) May 31, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. York Safe Co.

10. Date deceased last worked at this occupation (month and year) 1906

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Richard Spencer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Margaret A. Eisenberger

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Clara M. Spencer

(Address) 2408 Raney Rd

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date Mar 2 1935

Place

19. UNDERTAKER Wm. J. McKeever Sons

(Address) North & Fulton Aves

20. FILED ..... 1935 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 - 1934 to Feb 28 - 1935

I last saw him alive on Feb. 28. 1935 Death is said to have occurred on the date stated above, at 205 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder with metastasis to abdominal viscera	6 Mo
Other contributory causes of importance:	Nov

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James B. Ackelmeyer M. D.

(Address) 4012 Park Heights Av

M. D. P. 1205

F 10251

F 10251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BLANCHE SOMMERBERG.

(a) Residence: No. 3308 WOODLAWN AVE St., Ward.

(Usual place of abode) LAND. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. Color or Race: WHITE

5. Single, Married, Widowed, or Divorced (write the word): MARRIED.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward C Sommerberg

DATE OF BIRTH (month, day, year) Sept 27 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	6	4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt Pleasant Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Falls NY

13. NAME ? Ball

14. BIRTHPLACE (city or town) (State or country) NY

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) NY

17. INFORMANT Mrs Blanche Miles

(Address) 3308 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 5 1935

19. UNDERTAKER Wm J Tucker & Son

(Address) North & Penna Aves

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-16-35 to 3-3 . 1935

I last saw her alive on 3-3 . 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO PNEUMONIA,	2-16
CEREB. PULMONARY TB	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 10252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2834 Alameda Blvd, 9 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth 72 yrs. mos. ds.

2. FULL NAME Julia Johnson

(a) Residence: No. 2834 Alameda Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Johnson

DATE OF BIRTH (month, day, year) 2 May 2 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Geo Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Nitzel

(Address) 2834 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/5/35 19

19. UNDERTAKER Phillips Sterling & Son

(Address) 2016 Eastern Ave

20. FILED Mar 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to March 2 1935

I last saw her alive on March 1 1935 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Dis-	Feb 15
Cerebral Hemorrhage -	1935

Other contributory causes of importance:

Cardiac failure

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank C Bressler M. D.

(Address) 1255 S. Broadway

M. D. H. 1268

F 10253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10253

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomona Myers

(a) Residence: No. 2704 Reistertown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 4/1899

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restuarant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Charles Myers

14. BIRTHPLACE (city or town) (State or country) Russian

15. MAIDEN NAME Mary ??

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Herrod Linden mill Rd Date 3/4/35. 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	??

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. J. Feldman M. D.
Coroner

(Address) 108 E Monument

M. D. [illegible]-2 E 10254

E 10254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 106-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital (Street) Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olen E. Share

(a) Residence: No. Ferndale, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Sept 16, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ferndale Md

13. NAME Eugene Share

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary Pumphrey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mr. Eugene Share Ferndale Md

18. BURIAL, CREMATION, OR REMOVAL. Place Pumphrey Home Cemetery Date Mar 5. 1935

19. UNDERTAKER (Address) John F Denny 715 Light St

20. FILED [illegible], 19[illegible] [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1. 1935 to March 2nd 1935

I last saw h[illegible] alive on March 2nd 1935 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Pneumonia Bronchitis	2/22/35

Other contributory causes of importance:

Name of operation Tracheotomy Date of 3/1/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Daniel E. Bogarad M.D.

(Address) Sydenham Hospital

M. D. F. No. F 10255

F 10255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Length of residence in city or town where death occurred 67 yrs. mos ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Kun Lee - Lee Kun, C

(a) Residence: No. 207 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Chinese

5. Single, Married, Widowed, or Divorced (write the word): ?

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: Years 58; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Work in Chinese Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): China

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): China

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): China

17. INFORMANT: Willie Lee
(Address) 207 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Cem Date Mar 4, 1935

19. UNDERTAKER: John F Denny
(Address) 715 Light St

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1935 to March 1, 1935

I last saw h[illegible] alive on March 1, 1935. Death is said to have occurred on the date stated above, at 7:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	2/21/35
Cerebral Hemorrhage	2/21/35
Hemyplegia	2/21/35
Lobar Pneumonia	2/23/35

Other contributory causes of importance: Acute Alcoholism

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. V. Langelluddy M. D.

(Address) Union Mem Hosp

M. D. F 12540 F 10256

F 10256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 85

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Old York Road St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leslie Duvall Hodgkins

(a) Residence: No. 3606 Old York Road. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Dec 12/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Penitenary

10. Date deceased last worked at this occupation (month and year) Aug 1931

11. Total time (years) spent in this occupation 9 mons

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Hamlet Hodgkins

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Eva McVey

16. BIRTHPLACE (city or town) (State or country) Havre De Grace, Md.

17. INFORMANT Mother

(Address) 3606 Old York Road

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Mar 4 19 35

19. UNDERTAKER Albert W Deregay

(Address) 440 E North Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above at before noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy (History of)	
Other contributory causes of importance: Alcoholism (Acute)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

F 10257

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10257

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Fraction

(a) Residence: No. 1126 Shields Alley St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 6 - 1931

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Albert Fraction

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Pearl Stewart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. C. Fraction

(Address) 1126 Shields alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Mar 5. 1935

19. UNDERTAKER Thos E. Kelson

(Address) 1303 Presstman St

20. FILED ..... 19..... Registrar.

4-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Primary Broncho-pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edgar Fuller, M. D.
Coroner

(Address) 239 Eastern Ave

M. D. F. 12649 F 10258

F 10258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 Argyle ave St., 17 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Green

(a) Residence: No. 938 Argyle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Daniel Green

DATE OF BIRTH (month, day, year): 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Edward Ross

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Daniel Green

(Address): 938 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem Date: March 4. 1935

19. UNDERTAKER: Frances A Hemley

(Address): [illegible]

20. FILED, 19, Registrar.

F = 1003

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1935 to Feb. 28, 1935

I last saw h alive on Feb. 28, 1935 Death is said to have occurred on the date stated above, at 5 38 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas Pneumonia	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wheatley, M. D.

(Address) 123 Winchester

F 10259

M. D. Publ. 261-34 F 10259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 114-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 17 Ward)

Length of residence in city or town where death occurred 10 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fitzhugh Winfield

(a) Residence: No. 568 Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Marie Winfield
(Address) 568 Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Shuster Date 3/5/ 1931

19. UNDERTAKER Adolphus Halstead
(Address) 2512 Pennsylvania Ave

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-1- 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-29- 1930 to 3-1- 1931

I last saw him alive on 3-1- 1931. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cysts of Lungs.	12-29-30

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how? .....

(Signed) Provident Hospital M. D.

(Address) .....

F 10260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10260

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1155 Washington Blvd. St. 21 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William C. Gillingham

(a) Residence: No. 1155 Washington Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Gillingham

DATE OF BIRTH (month, day, year) Sept. 26, 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Forman Dept
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Engineering
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME William C. Gillingham

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Minnie Gillingham
(Address) 1155 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 3/4/35. 19..

19. UNDERTAKER Frederick C. Ober
(Address) 1200 W. Lombard St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934 to March 1 1935

I last saw h. alive on March 1st 1935. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	
Other contributory causes of importance: Coronary Sclerosis Arteriosclerosis.	

Name of operation Clinical Findings of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Louis J. Lee, M. D.

(Address) 1112 Washington Blvd

F 10261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10261

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Forest Park Ave. St., 18-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick W. Wallace

(a) Residence: No. 1809 Forest Park Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances A. Wallace

DATE OF BIRTH (month, day, year) Aug. 14, 1865.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jack Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, County

13. NAME Michael E. Wallace

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lizzetta Lochman

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Frances A. Wallace

(Address) 1809 Forest Park Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 3/5/35, 19

18. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St.

19. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to March 3rd, 1935

Last saw h... alive on March 1st, 1935. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage — Date of onset 5 years

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. C. Summers M. D.

(Address) 4509 Eastern Ave

D. B. 1268-9

F 10262

F 10262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 8 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Graetzel

(a) Residence: No. 2234 E. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

DATE OF BIRTH (month, day, year) Jan. 15, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Dr. Henry F. Graetzel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaretta Stuerken

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Charles Schultz

(Address) 4033 Boarman Ave.

BURIAL, CREMATION, OR REMOVAL

Place Immanuel Cem. Date Mar. 5 1935

UNDERTAKER Funeral Service

(Address) 7401 Belair Road

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above at 12.30 a m.

The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia — Date of onset .....

Other contributory causes of importance: Accidental Fract R Femur

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 2/28 1935

Where did injury occur? 2234 E Biddle (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped on floor, fell

Nature of injury Fract of R Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Weaver M.D. Coroner M. D.

(Address) 1203 N. Patterson Park

F 10263

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10263

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore St. Hospital

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patricia Balton

(a) Residence: No. 913 S. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of SINGLE

6. DATE OF BIRTH (month, day, year) Jan 6-1934

7. AGE	Years	Months	Days 25	If LESS than 1 day, hrs. or min.
	1	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas Balton

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Helen Gudgeon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thomas Balton
(Address) 913 S. Potomac st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Mar 5. 1935

19. UNDERTAKER Lillie Zeiler & Co
(Address) 403 [illegible]

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 1 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1935 to 3-2 1935

I last saw he alive on 3-2 1935 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar	2-25

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton R. Stern M. D.

(Address) South Balto Hosp.

F. D. P. 1258-0

F 10264

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10264

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 59 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Filger

(a) Residence: No. 2027 N. Linwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth Filger

DATE OF BIRTH (month, day, year) Jan 10, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME John Filger

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME William Filger

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Westernbur. Date 3/4/36, 19

UNDERTAKER Filby & Zeibert
(Address) 463 S. Wolfe St.

FILED ..., 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1936 to March 1, 1936

I last saw h[illegible] alive on March 1, 1936 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene - Diabetes Mt. Foot	? 1
Other contributory causes (important): Bronchio-pneumonia	Feb 35
None	

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A. Groot M. D.

(Address) Balto City Hosps

M. D. P. 1268-9

F 10265

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10265

CERTIFICATE OF DEATH

194-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 6 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Bean

(a) Residence: No. 104 N East Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mrs. Etta Bean

6. DATE OF BIRTH (month, day, year) Jan 4th 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 4	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 9 yr

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Hezekiah Bean

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Julia Dson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Etta Bean

(Address) 104 N East Av

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Mar 7 . 1935

19. UNDERTAKER John Ullrich

(Address)

20. FILED 1935 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-2- . 1934 to 3-3 . 1935

I last saw him alive on 3-3 . 1935 Death is said to have occurred on the date stated above, at 1045 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess Rt testicle & scrotum	Sept 1934
Seminal vesiculitis	"
Prostatitis	"
Cystitis	"

Other contributory causes of importance:

Prostatic abscess	Nov 1934
Trauma	Jan "

Name of operation Orchidectomy Cystotomy Date of 1-26-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Daniel Johnson . M. D.

(Address) Mercy Hosp.

D. H. 1268-9

F 10266

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10266

CERTIFICATE OF DEATH

✓ 180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Jones

(a) Residence: No. 923 N. Fayette St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Jones Divorced 1855

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None died

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Nathaniel C. Jones

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Walter S. Bryan

(Address) 4323 Harford Rd.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 4 1935

UNDERTAKER John Ullrich

(Address) 200 Eastern Ave

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Accidental 2nd deg Burns Conflagration	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 1/22 1935

Where did injury occur? 923 N. Fayette (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Explosion of oil stove

Nature of injury Burns face & chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. J. Herzog M. D.

Coroner

(Address) 1305 N. Patterson Park Ave

M. B. B. 1268-9

F 10267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10267

CERTIFICATE OF DEATH

47-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp · St., 26 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Smith

(a) Residence: No. 814 S. Conklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Matilda Smith

6. DATE OF BIRTH (month, day, year) Dec 10 - 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records Bch

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. March 6 1935

19. UNDERTAKER John Ulrich

(Address) Pall Bearers

FILED 4 1935 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1935 to 3/3 1935

I last saw him alive on 3/3 1935 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung (?)	5/35 (?)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reitz M. D.

(Address) Balto. City Hosp.

F 10268

H. D. F. 1268-9

F 10268

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Bertha Oppenheim

(a) Residence: No. Rochester Court St., Apt. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Jacob Oppenheim

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Hannah Levi

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. B. S. Oppenheim

(Address) Rochester Court Apt.

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Cem. Date Mch 4, 1935

19. UNDERTAKER Lloyd Sonnheim & Son

(Address) 1907 Eutaw Place

19. FILED ... 19 ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1935 to Mar. 2, 1935

I last saw her alive on Mar. 2, 1935. Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Uremia	Feb. 19, '35
Other contributory causes of importance:	
Chronic Endocarditis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Babcock M. D.

(Address) Maryland Gen. Hosp.

F 10269

M. D. B. 1268-9

F 10269 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp; St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Staley.

(a) Residence: No. 39 19 Hayward St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of: Elizabeth

6b. DATE OF BIRTH (month, day, year): 1/4/?

7. AGE: Years 82; Months 7; Days 28; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

13. NAME: Alice Staley

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Anna E. ?

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Records Beth

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place London Park; Date March 5, 1935

19. UNDERTAKER: Richard F. Cluley

(Address) 706 E. North ave.

20. FILED: 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/27, 1934 to 3/2, 1935.

I last saw h alive on 3/2, 1935. Death is said to have occurred on the date stated above, at 7:30 p. m.

The principal cause of death and related causes of importance were as follows:

M. Myocardial insufficiency — Date of onset 3 days.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto. City Hosp.

spec.—1-30—M. & T.—250 Blks

F 10270 HEALTH DEPARTMENT—CITY OF BALTIMORE F/10270

50

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 E. 29th St ST., 9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Emma Senney

(a) RESIDENCE NO. 610 E. 29th St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6 If married, ~~widowed~~ or divorced ~~HUSBAND of~~ or) WIFE of Mrs. George Senney

DATE OF BIRTH (month, day, and year) June 17, 1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	8	16 13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Lawrence Kuhn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Mary E. Klinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant Mrs Alexander

(Address) 610 E. 29th Street

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 3, 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb. 19 34 to March 3 19 35,

that I last saw her alive on March 3, 19 35,

and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cancer of Right breast

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Eugene Covington, M. D.

19 (Address) 2341 Edmondson Ave Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Peters Cemetery	March 6th 1935
20 UNDERTAKER Elmer W. Conklin	ADDRESS 324 E. Eutaw

M. D. F. 126

F 10271

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10271

CERTIFICATE OF DEATH

✓ 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 23 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Waymond Walker

(a) Residence: No. 1228 Sharp St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Child

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

7. DATE OF BIRTH (month, day, year): Nov 19 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Donna Walker

14. BIRTHPLACE (city or town) (State or country): Ohio

15. MAIDEN NAME: Lelia Bell Tribbett

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Celia Bell

(Address): 1228 Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 2/4/35 19

19. UNDERTAKER: Isaiah L Brown & Son

(Address): 1058 N Montgomery St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 2-1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-1-35 . 1935 to 3-1 . 1935

I last saw h... alive on 3-1 → 1935. Death is said to have occurred on the date stated above, at 2 15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonsillar Abscess	2-24-35
Pulmonary atelectasis	3-1-35

Other contributory causes of importance:

Name of operation: Incision of abscess Date of: 3-1-35

What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) George E. Burgtorf Jr. M. D.

(Address) University Hospital

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10272

0272

CERTIFICATE OF DEATH

+ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Marlin Welch

(a) Residence: No. English Consul, A.A. Co. St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Feb 25, 1911

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	24	0	6 8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman ode

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W G Bard & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bristol, A A Co., Md

13. NAME Wm O. Welch

14. BIRTHPLACE (city or town) (State or country) Calvert Co., Md

15. MAIDEN NAME Almah R Hutchins

16. BIRTHPLACE (city or town) (State or country) Friendship, A A Co.

INFORMANT Wm O. Welch

(Address) Friendship A A Co, Md.

BURIAL, CREMATION, OR REMOVAL Date

Place Friendship Md Mar 5 1935

UNDERTAKER Mrs Oliver Welch

(Address) Friendship Md.

FILED [illegible] 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to ... 19 ... I last saw h... alive on March 1 1935 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Internal Injuries	
Other contributory causes of importance:	
Automobile Accident	

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/3/ 1935

Where did injury occur? Fort Smallwood Rd near Curtis Line (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of Injury collided with another & upset

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Joseph Coroner M. D. Coroner

(Address) 2205 E Madison St

M. D. B. 1268-9

F 10273

10273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Appleton St. 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna E. Ward

(a) Residence: No. 1737 Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew R. Ward.

6. DATE OF BIRTH (month, day, year) December 18, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 3/4/35

11. Total time (years) spent in this occupation. 15 yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

FATHER

13. NAME Alexander Waldschmidt.

14. BIRTHPLACE (city or town) Bremen (State or country) Germany.

MOTHER

15. MAIDEN NAME Nannie Jones

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

17. INFORMANT Andrew R. Ward

(Address) 173[illegible] Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 5 1935

19. UNDERTAKER Mr. & Mrs. John W. Geisel & Son

(Address) 801 W. Fayette St.

20. FILED [illegible] 19 [illegible] Registrar.

1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to March 1, 1935

I last saw h[illegible] alive on March 1, 1935. Death is said to have occurred on the date stated above, at 3[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	2 ds
Other contributory causes of importance: Pulmonary Tuberculosis	2 2 mo

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. A. Stevens M. D.

(Address) 2[illegible] Harford Rd.

D. B 1268-9

E 10274

0274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Maiden's St., 21 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Hattie B. Riggin

(a) Residence: No. 1031 Maiden's St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 12-1934

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Harry O. Riggin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary E. Vetters

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mr. H. O. Riggin
(Address) 1031 Maiden's St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 4. 1935

UNDERTAKER Mrs. Jno. John W. Teufel & Son
(Address) 801 W. Fayette St

FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.. alive on ....., 19..... Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Other contributory causes of importance:	
Broncho-pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Feller M. D.
Coroner.

(Address) 2739 Eastern Ave

F 10275

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10275

CERTIFICATE OF DEATH

V 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E. Federal St., 12 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Catharine Mills

(a) Residence: No. 404 E. Federal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George B. [illegible]

7. DATE OF BIRTH (month, day, year): Aug. 31-1865

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	79	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook private family

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Canada

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: James A. Mills
(Address) 404 E. Federal

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 3/4/35 19

19. UNDERTAKER: Mrs. Grace E. Holland
(Address) 1631 Druid Hill

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1934 to Mar 1 1935

I last saw h e alive on Mar 1 1935. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	1 wk

Other contributory causes of importance:

Arteriosclerosis - indefinite	
Bed-ridden	May 1934

Name of operation None Date of [illegible]

What test confirmed diagnosis? Clinical there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify .....

(Signed) Chas. J. Keller M. D.

(Address) 722 W. Lanvale St.

M. D. B. 1268-2

F 10276

0276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 695 Gladstone Ave Ward) 27

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raphael Alexander Kinnaird

(a) Residence: No. 695 Gladstone Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Lamette A

6. DATE OF BIRTH (month, day, year) Jany 6 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Feby 1935

11. Total time (years) [illegible]

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alexander Kinnaird

14. BIRTHPLACE (city or town) (State or country) Glasgow Scotland

MOTHER

15. MAIDEN NAME Elizabeth Birkett

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Bessie Kinnaird (Address) 5007 Cinola Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 3/5 1935

19. UNDERTAKER W. H. Ent (Address) 1217 E Lanvale St

20. FILED [illegible] 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Feby 27 1935 to mar 3 1935

I last saw h[illegible] alive on mar 2 1935. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset Mar 2nd
Bronchitis — Feby 15th about

Other contributory causes of importance:

Arterio Sclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. W. Chiffelle M. D.

(Address) 18 E Franklin

D. P. 1268-9

10277

10277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH: Congress Hotel

Registered No.

CITY OF BALTIMORE: (No. Howard & Franklin St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 4 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME: William H. Delaney

(a) Residence: No. Times Square Hotel N. Y. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 1874

AGE: Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
61 60			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paint

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): New York N.Y.

12. NAME: Fanny Delaney

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Mary Brannan

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Mrs Baldwin (sister)

(Address) 561 W. 147th St N.Y. City

BURIAL OR REMOVAL: Greenmount Cem

Calvary Cemetery Date 3/4 1935

UNDERTAKER: Wm Cook

(Address) 1217 St Paul st

FILED ..19.. ..
Registrar.

4-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..19.. to ..19..

I last saw h.. alive on Feb 25 Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Blank M. D.

(Address) Baltimore

F 10278

10278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1911 Perkman Pl. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Phipps

(a) Residence: No. 1911 Perkman Pl. St., Ward.

(Usual place of abode) 28 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced ~~Husband~~ of (or) WIFE of John E Phipps

6. DATE OF BIRTH (month, day, year) Feb 18, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frage Md

13. NAME James H. Harris

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Louella Arnold

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eugene Phipps

(Address) 1911 Perkman Pl

18. BURIAL ~~or Removal~~ Kirkwood Cemetery

Place Baltimore Md Date Mar 5th 19 35

19. UNDERTAKER J. M. Cook

(Address) 1917 Mt Royal Ave

20. FILED 1935 Mar 9 20 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Married . 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 . 1934 to Mar 5 . 1935

I last saw her alive on Mar 5 . 1935 Death is said to have occurred on the date stated above, at 10 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4 hrs
Other contributory causes of importance: Arteriosclerosis	—

Name of operation — Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place — —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. E. Hagner . M. D.

(Address) 1209 N Patterson Pk

H. D. F. 1268-9

10279 E 10279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp., St., V Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Klonowski.

(a) Residence: No. N. E. Cor. Ahrens & Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1854.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80. 11			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Joseph.

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS, CEM. Date March 4th 1935

19. UNDERTAKER George A Weber
(Address) 705 S Penna Ave

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/1 1932 to 3/1 1935

I last saw h[illegible] alive on 2/1 1935 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

H. D. B. 1268-9

F 10280

10280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108½ Lake ave. Ward) 9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hampel

(a) Residence: No. 2108½ Lake ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: (or) WIFE of Jacob Hampel

7. DATE OF BIRTH (month, day, year): May 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ger

13. NAME: Hugh Redmond

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Elizabeth Bowman

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs R Dixon

(Address): 2108½ Lake ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Cem. Date: 3/6, 1935

19. UNDERTAKER: Jacob Bullock

(Address)

20. FILED: 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1930 to 3/3, 1935

I last saw h[illegible] alive on or 3/3, 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis,	[illegible]
Mitral stenosis, chronic	2 yrs
diffuse neoplasis	1 yr
Other contributory causes of importance:	
Bronchopneumonia	2 days
Recent fracture	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N O If so, specify

(Signed) John D Archbold, M. D.

(Address) 1623 E North ave

M. D. B. 1368-9

E 10281

HEALTH DEPARTMENT—CITY OF BALTIMORE

10281

CERTIFICATE OF DEATH

E 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelius Donovan

(a) Residence: No. 344 S. Lehigh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Bk & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael Donovan

14. BIRTHPLACE (city or town) (State or country) Co. Cork Ireland

15. MAIDEN NAME Ellen Byrne

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Leslie Frost

(Address) 344 S. Lehigh ave.

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Govans Date Mar. 5, 1935

UNDERTAKER John A. Mogan

(Address) 3000 E. Balto St.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1928, to March 1, 1935

I last saw h[illegible] alive on March 1, 1935 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	18 yrs
Arteriosclerosis	?
Other contributory causes of importance:	
Myocardial degeneration	3 days.

Name of operation Date of

What test confirmed diagnosis? findings Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Damian P. Jalaya M. D.

(Address) 3326 E. Monument Ave

M. D. B. 1268-9

F 10282

10282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 7 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Josie Brent

(a) Residence: No. 2101 New Hampshire Ave. Ward.
(Usual place of abode) Washington, D. C. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 1935

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Brent

14. BIRTHPLACE (city or town) (State or country) Charles County Maryland

MOTHER

15. MAIDEN NAME C. Merrick

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New York Mt. Date March 5 1935

19. UNDERTAKER Martin Thompkins Sons
(Address) 1500 N. Monument St.

20. FILED 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1935 to 3 - 2 - 1935

I last saw her alive on 3 - 2 - 1935. Death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Nephritis	2 yrs.
Other contributory causes of importance:	
arterio-Sclerosis	Several yrs.
Mitral Regurgitation	Yrs.

Name of operation None Date of

What confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Amerigo Forelli M. D.

(Address) 3705 Liberty Hgts Ave

M. D. P. 1268-9

10283 HEALTH DEPARTMENT—CITY OF BALTIMORE 10283

CERTIFICATE OF DEATH ✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Friday

(a) Residence: No. 918 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 7, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lester Friday

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Maggie Johnson

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Lester Friday (Father)
(Address) 918 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson's Date March 5 1935

19. UNDERTAKER Wallace Hubbard
(Address) 952 Edmondson Ave

20. FILED [illegible] 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1935 to Feb 26, 1935

I last saw h[illegible] alive on Feb 26, 1935. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	2/16/35

Other contributory causes of importance:

Pulmonary & Miliary Tuberculosis

Name of operation Date of

What test confirmed diagnosis? Clinical & Lumbar Puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Myron G. Tull M. D.

(Address) Sydenham Hospital

M. D. B 1268-9

B 10284

HEALTH DEPARTMENT—CITY OF BALTIMORE

0284

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 E Madison St., 7 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

2. FULL NAME Mary Hirt

(a) Residence: No. 2215 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Frank Hirt

6. DATE OF BIRTH (month, day, year) Sept 6, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Father Dvorak

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Hirt
(Address) 911 N Pond St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 7, 1935

19. UNDERTAKER Jas. Cracknon Son
(Address) 1906 Eastland ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1935 to ....., 19.....

I last saw h alive on March 3, 1935. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	4 yrs
Other contributory causes of importance: Senile Dementia	2-22-35

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph Edmonson, M. D.

(Address) 1202 E Fairmount Ave

Mar 7 1935

H. D. B. 1268-9

F 10285

10285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No. 25

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred D. Patone

(a) Residence: No. 911 Washburn Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, widowed, or divorced, HUSBAND of (or WIFE of) Maude Patone

7. DATE OF BIRTH (month, day, year) June 24, 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	8	6 ?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Industrial Chem. Co

10. Date deceased last worked at this occupation (month and year) March 2, 1935

11. Total time (years) spent in this occupation 18

BIRTHPLACE (city or town) (State or country) Chicago, Ill.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Maude Patone. (wife)
(Address) 911 Washburn Ave.

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date March 5 1935

UNDERTAKER Bernard C. Hailes
(Address) 1000 Paca St

FILED 3-6-1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Generalized Arterio sclerosis.
Coronary sclerosis,
Aortic stenosis.

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? autopsy & inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto W. Reinhardt, M. D. Coroner

3/4/35 (Address) 1017 S. Charles St.

M. D. B. 1268-9

F 10286

0286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME [redacted] Cox Thomas Edw. Cox Jr.

(a) Residence: No. [illegible] St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 10/15/1908

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	26	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Decorating Co

10. Date deceased last worked at this occupation (month and year) 2/35

11. Total time (years) spent in this occupation 10 mos

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

13. NAME Thomas Edw. Cox

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Theresa E. Hufnagel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thomas Edw Cox

(Address) 1524 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pleasant Date 3/6/35

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 3-6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [redacted], 19

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1935 to March 2, 1935

I last saw him alive on March 2, 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia	2-21-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ST. JOSEPH'S HOSPITAL, M. D.

(Address) BALTIMORE, MD.

M. D. B. 1268-9

E 10287

0287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓110

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 McElderry St., 9 Ward)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Russell

(a) Residence: No. 627 McElderry Ave St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm. W. Russell

DATE OF BIRTH (month, day, year): 1/10/1879

7. AGE: Years 56 | Months 1 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt Md

13. NAME: James Kidd

14. BIRTHPLACE (city or town) (State or country): Balt Md

15. MAIDEN NAME: Rose A Hamel

16. BIRTHPLACE (city or town) (State or country): Balt Md

17. INFORMANT: Wm W Russell

(Address) 627 McElderry Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Place ..... Date 3/5/35

19. UNDERTAKER: Geo. J. Kyle's Son

(Address) 1415 Harlem Ave

20. FILED: MAR 5 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch-3- 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb-25- 1935 to Mch-3- 1935

I last saw h[illegible] alive on March 2 1935. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset 2/25/35

1 Pleurisy + Bronchopneumonia

Bilateral

Other contributory causes of importance:

General debility and Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Stanley Gosnell M.D.

(Address) 1000 St Paul St Baltimore

H. D. B. 1268-9

F 10288

0288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH South Baltimore General Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Light St St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Schilling

(a) Residence: No. 130 E. Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Barbara Schilling

DATE OF BIRTH (month, day, year) Dec. 24 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	2	8 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Barbara Schilling
(Address) 130 E. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date March 7 1935

19. UNDERTAKER E & B. Hasle St.
(Address) 115 E. Lexington St.

20. FILED ... 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1935, to 3/4/35, 19...
I last saw him alive on 3/4, 1935. Death is said to have occurred on the date stated above, at 10:20 a.m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Metastases to brain	

Other contributory causes of importance:

Name of operation Post Gastro-enterostomy Date of 2/23/35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Haskell M. D.
(Address) South Baltimore Gen

F 10289

F 10289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 16 Ward)
Registered No. 127
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 18 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Charles F. Rau.

(a) Residence: No. 2322 - West Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of widowed.

DATE OF BIRTH (month, day, year) March 5 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	62	11	29.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.
13. NAME Charles Frederick Rau
14. BIRTHPLACE (city or town) (State or country) unknown.
15. MAIDEN NAME Dont know.
16. BIRTHPLACE (city or town) (State or country) dont know
17. INFORMANT Charles Howard Rau.
(Address) 2322 W. Lanvale St.
18. BURIAL, CREMATION, OR REMOVAL
Place Oakland M.E. Cem. Date March 7. 1935
19. UNDERTAKER Berryman & Sons.
(Address) Reisterstown Md.

FILED MAR 7 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1/15/35 . 1935 to 3/4/35 . 19
I last saw h[illegible] alive on 3/4/35 . 19 . Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia — Hepatitis.	

Other contributory causes of importance: Hemorrhage. Post Operative

Name of operation Exploratory Laparotomy Date of 1/21/35
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. Maxwell Lee . M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

M. D. P. 12-39 F 10290 F 10290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 W. Lafayette Av., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Cora Jones

(a) Residence: No. 1414 W. Lafayette Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month, day, year) 2/25/35

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Robert Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Clutcomb

16. BIRTHPLACE (city or town) (State or country) Clutcomb Md.

17. INFORMANT Mary Jones
(Address) 1414 W. Lafayette Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/5 1935

19. UNDERTAKER Mt. Auburn Cem. Co.
(Address) Forrest Hensley
818 Druid Hill Ave

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/21 1935 to 2/28 1935

I last saw her alive on 2/28 1935. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cerebral Hemorrhage	2/25/35
Other contributory causes of importance: Bronchial Asthma	over 10 yrs.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. E. Bell M. D.

(Address) 1731 N. Eutaw St.

F 10291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 Wilmot St., 17 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Taylor

(a) Residence: No. 1033 Wilmot St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Howard Taylor

7. DATE OF BIRTH (month, day, year) 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Howard Taylor

(Address) 1033 Wilmot St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/5 1935

19. UNDERTAKER Howard H Smith

(Address) 518 Dolphin St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to March 5 1935

I last saw h alive on March 3 1935 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 1 1935
Other contributory causes of importance: Hypertension	1935

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) [illegible] M. D.

(Address) [illegible]

F 10292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10292

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH — Pronounced dead at
CITY OF BALTIMORE: (No. St. Joseph Hospitals St., 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Joseph Henry Kenning

(a) Residence: No. 2103 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosalba (Rosalva)

6. DATE OF BIRTH (month, day, year): Dec 6/1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hat Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hat
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cincinnati, O.

13. NAME: Joseph H. Kenning

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Rosalba Kenning
(Address): 2103 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Melville M. E. Church Cemetery Elkridge Date: Mar. 5 1935

19. UNDERTAKER: Josiah Luther Case
(Address): 1600 W. No. Ave

20. FILED 3-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 2/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....
I last saw h.... alive on ..... 19.... Death is said to have occurred on the date stated above, at about 1 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
The final accident	
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Probably Accidental Date of injury 8/2/35
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: in Herring Run at Belair Road
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. H. Cairns M. D.
(Address) 108 E. North Ave

D. B 1268-9

Polite

F 10293

HEALTH DEPARTMENT—CITY OF BALTIMORE

10293

CERTIFICATE OF DEATH

V. 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 909 Penna Ave (or) 17 (Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Polite

(a) Residence: No. 909 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fiona Polite

DATE OF BIRTH (month, day, year): Aug 16 1881

AGE: Years 53 Months 6 Days 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coke

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S. C.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): S. C.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): S. C.

INFORMANT: Fiona Polite

(Address): 909 Penna Ave

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Nov 5 1935

UNDERTAKER: Franklin W Leach

(Address): 916 Penna Ave

FILED: 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Lobar Pneumonia	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. D. Funk M. D.

Coroner

(Address) Govans

F 10294

M. D. P. F 10294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. St., 4 Ward) X

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant DuVall.

(a) Residence: No. West River, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 2, 1935

7. AGE: Years ... Months ... Days ... If LESS than 1 day, 8 hrs. or 32 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Pauline DuVall

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Pauline DuVall

(Address): West River, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mary's Cem Date: Mar 4 . 1935

19. UNDERTAKER

(Address)

20. FILED: 3-4-1935

1163

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 . 1935 to Mar 2 . 1935

I last saw h i alive on Mar 2 . 1935 Death is said to have occurred on the date stated above, at 9.00 Am

The principal cause of death and related causes of importance were as follows:

Congenital Anomalies — Date of onset:

Other contributory causes of importance:

Spina Cardia, Etc.

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Savage M. D.

(Address) Univ. Hosp

F 10295

F 10295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Fred Palazzo.
(a) Residence: No. 1703 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 7-1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53.		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Nick Palazzo
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Grace Testa
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Michael Testa.
(Address) 1703 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 6. 1932

19. UNDERTAKER Wendell Dupuy
(Address) 3101 Eastern Ave.

20. FILED ....., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/2 . 1932 to 3/3 . 1932
I last saw him alive on 3/3 . 1932 Death is said to have occurred on the date stated above, at 5-30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute exacerbation of Chronic nephritis & uremia.	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Leite M. D.
(Address) Balto. City Hosp.

M. D. F. 1268-9

F 10296

F 10296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-93-d

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Banks.

(a) Residence: No. 208 Vernal Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle.

7. DATE OF BIRTH (month, day, year) 4/21/91

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43.	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

13. NAME Andrew.

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Aberginal Jones.

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pet Calvary Date March 5 '35

19. UNDERTAKER Wendel & Lippel

(Address) 352 - Eutaw St

20. FILED MAR 5 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/21 . 1935 to 3/4 . 1935

I last saw him alive on 3/4 . 1935 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency 2 yr.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Pette M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 10297

F 10297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 423

CITY OF BALTIMORE: (No. 1510-14 N. Gilmore St., 14 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilbur Jackson

(a) Residence: No. ... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	16			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Record

(Address) 210 14 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Place Pgs Md Date 3-5 1935

19. UNDERTAKER Byron & Manuel W. Wright

(Address) 218 E. Eager St

20. FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/1 1934 to 3/3 1935

I last saw him alive on 3/3 1935. Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	8 mos.
Other contributory causes of importance:	
Tuberculous left hip	8 yrs

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Carsen C. Johnson, M. D.

(Address) 2032 Baker st

1935

0—M. & T.—100 B—10-34 F 10298

F 10298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 85

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 14-1 WARD)

2-FULL NAME Sallie Ruth Moore

(a) RESIDENCE No 333 N. Fulton Ave/ ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 17 - 1914

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	6	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Roanoke Va.

10 NAME OF FATHER Hassel Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Rosa Cox

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Roanoke Va/

Informant Rosa Moore

(Address) 333 N. Fulton Ave

Filed 1935 Mar 6 1935 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute Myocardial failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probable Epilepsy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clin

(Signed) D. F. Hemsley M. D. Coroner

, 19 (Address) 2052 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ridgeway Va

20 UNDERTAKER Towell & Byers

DATE OF BURIAL Mar 6 1935

ADDRESS 2224 Edmondson Ave

M. D. F 10299 F 10299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hosp 5 Ward)

Length of residence in city or town where death occurred 25 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Trout

(a) Residence: No. 2202 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Trout

6. DATE OF BIRTH (month, day, year) Mar 24-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	8	6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10 8 6

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

13. NAME J. Gemmill Trout

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Orilla Smith Trout

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT (Address) Brother Ray K. Trout Stewartstown. Pa

18. BURIAL, CREMATION, OR REMOVAL Place Stewartstown Pa Date 2/6/35 19

19. UNDERTAKER F. B. Klinefelter & Son (Address) 300 Eutaw Place

20. FILED FEB 7 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 3-3-35 19

I last saw him alive on 3-3-31 19 Death is said to have occurred on the date stated above, at 10:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	

Other contributory causes of importance:

Name of operation Resection of Colon Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Gaskill M. D.

(Address) South Baltimore Gen

M. D. F. 1934-9 F 10300 F 10300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Home for Aged & Infirm Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ida Katz

(a) Residence: No. Belvedere & Sherwood Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugo M Rusard

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Busard

13. NAME OF FATHER Hugo Brown

14. BIRTHPLACE (city or town) (State or country) Busard

15. MAIDEN NAME OF MOTHER Von Brown

16. BIRTHPLACE (city or town) (State or country) Busard

17. INFORMANT Sig. Kimball Smith

(Address) Belvedere & Sherwood Aves.

18. BURIAL, CREMATION, OR REMOVAL Pl. Mt Carmel Date 3/6/35 19

19. UNDERTAKER Levi Levin Inc.

(Address) 1432 E Balto St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/11 1933 to 3/4 1935

I last saw h.. alive on 3/4 1935. Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic cardio-valvular disease	
Other contributory causes of importance:	
Chronic bronchitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H Edmund Levin M. D.

(Address) Levindale

M. D. [illegible]

F 10301

F 10301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Levindale Hebrew Home for Aged & Infirm (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Michael Mikolasky Micholsky

(a) Residence: No. Belvedere & Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME OF FATHER Jacob Micholsky
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME OF MOTHER Mary
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Sig Kimball, Supt (Address) Belvedere & Greenspring Ave
18. BURIAL, CREMATION, OR REMOVAL Place Park Cem Date 3-5-35 19
19. UNDERTAKER Louis Levin Inc (Address) 1439 E. Baltimore St
20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-28 1932 to 3-5 1935
I last saw him alive on 3-5 1935 Death is said to have occurred on the date stated above, at 7.30 A. m.

The principal cause of death and related causes of importance were as follows:
Right hemiplegia
Hypertension
Arteriosclerosis

Date of onset 2-26-35

Other contributory causes of importance:
Obesity

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Helmund Levin M. D.
(Address) Levindale

M. D. B. 1268-9

10302 HEALTH DEPARTMENT—CITY OF BALTIMORE 10302

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5008 Norwood Av. St., 28 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Blanch Girvan

(a) Residence: No. 5008 Norwood Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: Wht. | 5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word): Widow

6. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Jno. E. Girvan

DATE OF BIRTH (month, day, year) Nov. 27, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	4 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Richard Lee

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Charlotte Mansfield

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs Mary Girvan

(Address) 5008 Norwood Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 1935

19. UNDERTAKER Wm J. Jackson & Son

(Address) Lemmon & North Sts

20. FILED ..... Registrar

MAR 5 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1934 to March 3rd 1935

I last saw h alive on March 2 1935. Death is said to have occurred on the date stated above, at 3 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Exacerbation of Chronic Interstitial Nephritis	

Other contributory causes of importance:

Vomiting & Dehydration & Exhaustion	1 mo.

Name of operation ..... Date of .....

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. A. Girvan M. D.

(Address) 1625 W. North Ave

F 10303

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10303

CERTIFICATE OF DEATH

V 46-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3121 Walbrook Ave 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph J Parsons

(a) Residence: No. 3121 Walbrook Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary H Parsons

6. DATE OF BIRTH (month, day, year): Dec 16 1869

7. AGE: Years 70 | Months 2 | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME OF FATHER: Felder Parsons

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Lily. Bowen

16. BIRTHPLACE (City or town) (State or country): Md

17. INFORMANT: Mrs Edw Bowen

(Address) 3121 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Md Date 3/6/35

19. UNDERTAKER: Geo A Fuller & Sons

(Address) Fulton & Pennsylvania Ave

FILED 3-6-1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1933 to Mar 4, 1935

I last saw him alive on Mar 4, 1935 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/1/34
Other contributory causes of importance: Pulmonary Oedema	3/2/35

Name of operation: Thoracentesis + x Ray Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James H Kemp M. D.

3/5/35 (Address) 721 Madison Ave

F. D. B. 1268-9

F 10304

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10304

CERTIFICATE OF DEATH

V 87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Park Ave St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 56 11 26

2. FULL NAME LeRoy Wilson Sperry

(a) Residence: No. 710 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

DATE OF BIRTH (month, day, year) Apr 9 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accountancy

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME OF FATHER Richard B Sperry

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME OF MOTHER Mary T. Sperry

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Mrs Lee Wilson Sperry (aunt)

(Address) 6 Bishop Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 6 1935

19. UNDERTAKER Edward Pashuk Co.

(Address) 1021 W Pratt St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1935

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in Also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

F 10305

H. D. B. 1288-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10305 — 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22-E-24½ St., 12 Ward)

Length of residence in city or town where death occurred 25 yrs. 5 mos. 17 ds. How long in U. S. if of foreign birth? yrs. mos. ds. 25-5-12

2. FULL NAME Marshall Edward Codd

(a) Residence: No. 22-E-24- St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Sept 20 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Vernon V. Codd

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Katherine Murphy

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Mrs Katherine Codd (mother)

(Address) 22-E-24- St. City.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Mar 6 35 19

19. UNDERTAKER Stewart Memorial

(Address) [illegible]

FILED 3-1935 19 B Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ocbovular Disease of Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 132 W. Lanvale

F. D. 10806

F 10306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Tacoma St., 25 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Prentzel

(a) Residence: No. 2206 Tacoma St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Prentzel

DATE OF BIRTH (month, day, year) May 3 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3 10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Baldasar Aprill

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Buck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Aprill
(Address) 1307 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 6, 1933

19. UNDERTAKER John J. Denny
(Address) 245 Light St

20. FILED MAR 5 1933 H. Livingston Sidwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3-3-33
Arter-Sclerosis	2
Injury	Recent 3-25

Name of operation ... Date of ...

What test confirmed diagnosis? M Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine M. D.
Coroner

(Address) 16 S. Broadway

F. D. No. 10307

F 10307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 Patapsco St. St. Brook. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Krause

(a) Residence: No. 1143 Patapsco St Brook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Krause

7. DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Worker None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Bottle Co

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Jacob Krause

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Christina Metzer

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs, Krause
(Address) 1143 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar. 7 1935

19. UNDERTAKER J. Geo. McCully
(Address) 120 E. Fort Ave

(Filed) MAR 5 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to March 3 1935

I last saw him alive on March 3 1935. Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	1934

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 1934

What test confirmed diagnosis Oper Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward D. Mclean M. D.

(Address) 6 Washington Blvd.

H. D. P. 1268-b

F 10308

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10308

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 S Carey St., 21 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius C. Siskey

(a) Residence: No. 1315 S. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (Write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Augusta Siskey

DATE OF BIRTH (month, day, year) March 18-1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Business

10. Date deceased last worked at this occupation (month and year) 7/34

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Mrs. Mary Davis

(Address) 1316 Cedrey St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Mch 7 1935

19. UNDERTAKER Margaret G. Flynn

(Address) 2107 N Eutaw St

20. FILED [illegible]

3-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/1/35, 19.. to 3/3/35, 19.. I last saw him alive on 3/3/35, 19.. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/1/35

Other contributory causes of importance:

Arterial Sclerosis
Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Clifford Dorsey, M. D.

(Address) 1107 Mosher

F 10309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 107-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 913 Hillman ST., 10 WARD)

2-FULL NAME Clifton Stell

(a) RESIDENCE NO. 913 Hillman ST., ... WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced (write the word): Baby

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1934

7 AGE: Years ... Months 9 ... Days 3 ... If LESS than 1 day, hrs. or min.

9 Mo. 1934 May 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ...

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md.

10 NAME OF FATHER Chas. C. Stell.

11 BIRTHPLACE OF FATHER (city or town) (State or country) San Antonio Texas

12 MAIDEN NAME OF MOTHER Lula Whitehead

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond, Va

PARENTS

14 Informant (Address) Father Hillman

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3/4-1935

17 I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1935, to Mar. 3, 1935, that I last saw h in alive on Mar. 3 - , 1935, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH was as follows:

Broncho Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? own

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) L. H. Walters, M. D.

(Address) 1606 E Preston.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemetery

DATE OF BURIAL March 5 1935

20 UNDERTAKER Mrs. R. A. Elliott Undertaker

ADDRESS 1132 Madison

F 10309

M. D. B. 1268-9

E 10310

HEALTH DEPARTMENT—CITY OF BALTIMORE

10310

CERTIFICATE OF DEATH

✓ 178-C

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Delores Milligan

(a) Residence: No. 835 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 18/1932

8. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
2	7	12 14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME William Calvin

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Rosetta M. Milligan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Lula Milligan 835 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date March 7, 35

19. UNDERTAKER (Address) Robert F. Williams 1500 Pennsylvania Ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19.. I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at 6.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
# Carbon Monoxide Poisoning	Mar 2/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Injury ..., 19..

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place bedroom at 1809 Jefferson St

Manner of injury Leaky Hot air furnace.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Bullen Coroner, M. D.

(Address) 508 E. Fayette

M. D. B. 1268-9

F 10311

HEALTH DEPARTMENT—CITY OF BALTIMORE

10311

CERTIFICATE OF DEATH

V 34-82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 22 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James T. Hill

(a) Residence: No. 609 S. Fremont St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Edna.

6. DATE OF BIRTH (month, day, year): 1/3/1876

7. AGE: Years: 59. Months: 2 Days: — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

13. NAME: Robert.

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): md.

17. INFORMANT: Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date 3-6 19 35

19. UNDERTAKER: James A. Stamper

(Address) 1422 N. Stricker St.

FILED 3-5-1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/13, 1935 to 3/3, 1935.

I last saw him alive on 3/3, 1935. Death is said to have occurred on the date stated above, at 7:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

M. D. F. 1268-9

F 10312

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10312

CERTIFICATE OF DEATH

X 12-2-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hosp. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Heller.

(a) Residence: No. 4516 Kenwood Ave St., Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Heller

7. DATE OF BIRTH (month, day, year) Mar. 18, 68

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) 00+

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Conrad Heller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabetha Schuman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary E. Heller

(Address) 4516 Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Mar. 6 1935

19. UNDERTAKER Mrs. E. Miller & Son

(Address) 2334 Jefferson St.

20. FILED 19

Registrar.

3-5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3-35 19

22. I HEREBY CERTIFY, That I attended deceased from 1-27-35 19 to 3-3-35 19

I last saw him alive on 3-3-35 19 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Left Inguinal Hernia — Date of onset

Other contributory causes of importance:

Pneumonia Myocardial Failure

Name of operation Hernioplasty Date of 2-27-35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? no.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. P. Shelby M. D.

(Address) Md. Gen. Hosp.

M. D. B 1269-9

E 10313

10313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Doe (Lewinski)

(a) Residence: No. unknown St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: Aft 50 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Leakwood Date 3/5 1935

19. UNDERTAKER J. J. Fahey Sons
(Address) 1318 Eight St

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/26 1934 to 3/3 1935

I last saw him alive on 3/3 1935 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No - If so, specify ...

(Signed) Coleen A. Reilly M. D.

(Address) Balto. City Hosp.

M. D. P. 1268-9

F 10314

10314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1166 Cleveland St., 21 Ward)

Length of residence in city or town where death occurred 78 yrs. 8 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Kotwair

(a) Residence: No. 1166 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Jacob D. Kotwair

6. DATE OF BIRTH (month, day, year) June 16th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	16	18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Timothy Connelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Burga McDonnell

(Address) 1166 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 3/7, 1931

19. UNDERTAKER John J. Conrad & Son

(Address) 1911 Hollins St.

FILED 3-6-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4/1931

22. I HEREBY CERTIFY, That I attended deceased from 2/20/1931 to 3/4/31, 19..

I last saw h[illegible] alive on 3/4/31, 19.. Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard F. Fury, M. D.

(Address) 700 W. Lombard

M. D. F. 1268-9

F 10315

10315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Lemmon St., 18 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie J. Megenhardt

(a) Residence: No. 920 Lemmon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredrick Megenhardt

7. DATE OF BIRTH (month, day, year) Sept 21st 1852

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52.	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaning Schools

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for Realty Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prussia

13. NAME Geo Sauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fredrick Megenhardt

(Address) 920 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/6/ 1935

19. UNDERTAKER John J Conaughton

(Address) 920 Hanover St.

FILED 6-1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/3/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/22/35 19... to 3/3/35 19...

I last saw h.. alive on 3/3/35 19... Death is said to have occurred on the date stated above, at 11.52 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Pneumonia	Feby 14

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard K Lang ... M. D.

(Address) 900 Rosedale

M. D. P. 1208-9

F 10316

10316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Lanvale Ave St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victoria Harris Jordan

(a) Residence: No. 1116 Lanvale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 29th 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Henrietta Jordan

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Henrietta Jordon
(Address) 1116 Lanvale Ave St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Cemetery Date Mar. 6, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 . 1935 to March 3 . 1935

I last saw her alive on March 3 . 1935 Death is said to have occurred on the date stated above, at 4.25 A.M.

The principal cause of death and related causes of importance were as follows: Tuberculosis Pyemia sepsis. — Date of onset ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wayne E. Fogerson M. D.

(Address) Lyden Lanvale Hospital

F 10317

Spec. 1-10-21—M&T—1500 Blks.

10317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (NO. 6 N- Carlton ST., 18 WARD)

2-FULL NAME Georgianna Wooden Green

(a) RESIDENCE NO. 6 N- Carlton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced (or) WIFE of: James Green

6 DATE OF BIRTH (month, day, and year): 1878

7 AGE: Years 57 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: George Webb

11 BIRTHPLACE OF FATHER (city or town) (State or country): Me.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: James A Wooden

(Address) 870 W. Fairmount Ave

15 Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-3-1935

17 I HEREBY CERTIFY, That I attended deceased from 2-5-, 1936, to 3-3-, 1935,

that I last saw he alive on 3-3-, 1935,

and that death occurred, on the date stated above, at 2:05 a.m.

The CAUSE OF DEATH* was as follows:

Status Thymicus

Acute Dilatation of Heart

(duration) yrs. mos 26 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Jackson M.D.

3/3 1935 (Address) 600 N Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Mar 7 1935

ADDRESS 322 N

20 UNDERTAKER: Mrs Katie R. Williams Undertaker

M. D. B. 1248-0

F 10318

10318 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Brown

(a) Residence: No. 325 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1879

7. AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dale Water Co. Virginia

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Julia Johnson

(Address): 1424 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Mar. 6, 1935

19. UNDERTAKER: Mrs. Katie R. Williams

(Address): 222 E. Lafayette St.

20. FILED: MAR 6 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1935 to March 3rd, 1935

I last saw her alive on March 3rd, 1935 Death is said to have occurred on the date stated above, at 2 00 a m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset 2-26-35

Other contributory causes of importance:

Bronchitis — Feb 1935

Name of operation: None — Date of:

What test confirmed diagnosis? X-Ray Clinical — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lamaston L. Brown, M. D.

(Address) University Hospital

M. D. F. 1208-9

F 10319

10319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand Burley

(a) Residence: No. Queen, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henrietta Burley

6. DATE OF BIRTH (month, day, year) 1878

7. AGE: Years 57; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Annapolis, Md.

13. NAME Gabriel Burley

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME Martha Green

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT Charles Wilbert Burley
(Address) Queen, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Mar. 8, 1935

19. UNDERTAKER Mr. Nathan R. Williams
(Address) 322 N. Schroeder St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1935 to March 4, 1935
I last saw him alive on March 4, 1935 Death is said to have occurred on the date stated above, at 4:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Coronary embolism	3/4/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. M. Carrico, M. D.
(Address) 2 E. Baltimore St.

M. D. B. 1268-9

F 10320

10320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-117a

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 1 East Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hugh Stella Thompson

(a) Residence: No. 1433 Park ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Grant

6. DATE OF BIRTH (month, day, year) Nov. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4 / 1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anne A. Huppman

(Address) 1433 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Mar. 7, 1935

19. UNDERTAKER John J. Mitchell & Son

(Address) 1400 Eutaw Place

20. FILED ..... 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1935, to Mar 5, 1935

I last saw him alive on Mar 4, 1935. Death is said to have occurred on the date stated above, at 5-25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer (perforated)	2-26-35
Myocardial insufficiency	2-27-35
Bronchopneumonia	3-2-35
Pulmonary infarction	3-2-35

Other contributory causes of importance:

Cardiovascular syphilis	1920

Name of operation Exploratory Laparotomy Date of 2-26-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Henry M. Hanau M. D.

(Address) Union Memorial Hospital

10321 29
29622

✓ F 10321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mike McClure

(a) Residence: No. Beard W. Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Catlip

6. DATE OF BIRTH (month, day, year) 2/25/59

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	—	10 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) W Va

MOTHER FATHER

13. NAME Benj F. McClure

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Rachel Oldham

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pocahontas, W. Va. Date March 5 1935

19. UNDERTAKER John O. M. Felsell & Sons, Inc.
(Address) 1900 Eutaw Place

20. FILED MAR 5 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1935 to March 5, 1935

I last saw him alive on March 5, 1935 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary tract infection	3/1/35
Acute prostatitis	3/1/35
Bronchial pneumonia	3/1/35

Other contributory causes of importance:
Benign prostatic hypertrophy

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... specify

(Signed) Dudley F. Kleinman M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

10322 F 10322

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-8

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. W. Kens & Caton St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Joseph Young

(a) Residence: No. 65 Mount St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Charlotte Young

6. DATE OF BIRTH (month, day, year): March 15 1868

7. AGE — Years: 66 | Months: 11 | Days: 18 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard County Md.

13. NAME: Klenus Young

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME: Martha Hayward

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: ~~Father~~ Mother
(Address) Lottie C Young #65 mount St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/6/35 19

19. UNDERTAKER: Harry H Wilke
(Address) 4711 Edmondson

5-1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1935 to March 3 1935

I last saw him alive on March 3 1935 Death is said to have occurred on the date stated above, at 2 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	2-25-35
Other contributory causes of importance:	
Bronchiectasis	—

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert F. Healy M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

E 10323

10323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexia A. Parrish

(a) Residence: No. Church Home - Westminster, Md. Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alexia A. Parrish

7. DATE OF BIRTH (month, day, year) March 14, 1868

8. AGE	Years	Months	Days	if LESS than 1 day, hrs. or min.
	66	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Spool Winder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Silk Mill

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: James Collins

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs E Parrish

(Address) 52 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL: Place Western Date March 6, 1935

19. UNDERTAKER: Harry Fritz & Son Funeral Home

(Address) 1401 Pennsylvania Ave.

20. FILED ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-26-1935 to 3-4-1935

I last saw her alive on 3-4-1935 Death is said to have occurred on the date stated above, at 6:35 A m.

The principal cause of death and related causes of importance were as follows:

Post operative hernia — Date of onset

Other contributory causes of importance:

acute cardiac failure

Name of operation Herniaplasty Date of 2-28-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no. If so, specify ...

(Signed) Ruby A. Dudley, M. D.

(Address) Md. Gen. Hosp.

M. D. B 1268-9

F 10324

HEALTH DEPARTMENT—CITY OF BALTIMORE

10324

CERTIFICATE OF DEATH

157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip BERNARD SILVERSTEIN

(a) Residence: No. 4435 Pall Mall Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan. 4-1935

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salt L., Md.

13. NAME Sonia Silverstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah Klutzman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sonia ~~Silverstein~~ Silverstein (father)
(Address) 4435 Pall Mall Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Washington Cem Date March 5 1935

19. UNDERTAKER Pace Service Inc
(Address) 1434 E. Balto St.

20. FILED 1935 [illegible] Reg'rar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.30m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-Ileus of colon and part Of ileum.	
Cause undetermined.	

Other contributory causes of importance:

Name of operation Exploratory Date of Mar 5/ no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

M. D. B 1268-4

F 10325

HEALTH DEPARTMENT—CITY OF BALTIMORE

10325

CERTIFICATE OF DEATH

X135

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 1 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Marian Proctor

(a) Residence: No. Waldorf, Md. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) May 10/1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	9	23 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

MOTHER FATHER

13. NAME Wiley Proctor

14. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

15. MAIDEN NAME Elizab eth Proctor

16. BIRTHPLACE (city or town) (State or country) Charles Co., Md.

17. INFORMANT Percy Proctor (SON)

(Address) Waldorf, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn, Md Date 3/5 1935

19. UNDERTAKER Hamilton & Lyon

(Address) Waldorf Md.

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19.....Death is said to have occurred on the date stated above, at 8.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pericarditis	
Sclerotic disease of coeonary arteries	

Other contributory causes of importance:

Acute infected Gall Bladder	

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. L. Lyon, M. D.

Coroner

(Address) 508 E. Fronts

M. D. P. 1269-9

E 10326

10326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Marion Ave. 25 Ward)

Length of residence in city or town where death occurred 8yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Schwat

(a) Residence: No. 902 Marion Ave Enumerated Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Mary Ann Schwat

6. DATE OF BIRTH (month, day, year): May 10 - 1876

7. AGE: Years 58 | Months 9 | Days 21/23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Standard Oil Co

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Fred Schwat

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Annie Lichtman

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Mary Ann Schwat

(Address) 902 Marion Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date 3/7 19 35

19. UNDERTAKER: George F. Klepper

(Address) 2101 Frederick Ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1934 to Mar. 3 1935

I last saw him alive on Mar. 2 1935 Death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/1/34
Other contributory causes of importance: Exhaustion	3/1/35

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3/4/35 (Signed) H. E. Campbell M. D.

(Address) 1644 Hanover St

M. D. B. 10327 F 10327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH United States Marine Hospital, Registered No.

CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Lee Hastings

(a) Residence: No. 2133 E. Federal St., Ward. Baltimore, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie O. Harper Hastings

6. DATE OF BIRTH (month, day, year) January 2, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman, & Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-17-34

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

FATHER

13. NAME Richard W. Hastings

14. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

MOTHER

15. MAIDEN NAME Ida C. Connellie

16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

17. INFORMANT U. S. Marine Hospital Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, REMOVAL Cemetery
Place Hardock Md Date Mar 6 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Mar 6 - 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1934, to March 4, 1935

I last saw him alive on March 4, 1935 Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, acute	3-2-35

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis Cl. Fdgs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. H. Jones, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

M. D. B 12[illegible]

F 10328

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10328

CERTIFICATE OF DEATH

92a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Lyman Ave St. 27 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lulah L. Farley

(a) Residence: No. 401 Lyman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced (or) WIFE of: Howard A Farley

7. DATE OF BIRTH (month, day, year): Sept 1-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sep 0037

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto md

13. NAME: Geo W Seitz

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Wilhelmina Pestrup

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Howard Farley 401 Lyman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: 3/7 1935

19. UNDERTAKER: William Cook
(Address): 1217 E Paul St

20. FILED [illegible] 1935

6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 4 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19[illegible], to [illegible] 19[illegible]

I last saw h[illegible] alive on [illegible] 19[illegible] Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edoudar Disease of Heart	
Other contributory causes of importance:	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury [illegible] wholly or related to occupation of deceased?
(If so, specify)

(Signed) John [illegible] Coroner. M. D.

(Address) 3[illegible] E Eoland Ave

M. D. P. 1948-9 F 10329

F 10329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry J. Bradley

(a) Residence: No. 210 W. Franklin st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bessie May Bradley

7. DATE OF BIRTH (month, day, year) Feb. 26, 1883

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor-Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: William F. Bradley

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Susanne Manning

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Mar 6 1935

19. UNDERTAKER: Wm Cook
(Address) 12[illegible] St Paul st

20. FILED [illegible] 6-1935 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1935 to March 4, 1935

I last saw him alive on March 4, 1935 Death is said to have occurred on the date stated above, at 12.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. B. 126

F 10330

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10330

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3425 Hudson St. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Thos Ehringer

(a) Residence: No. 3425 Hudson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Anna Ehringer

6. DATE OF BIRTH (month, day, year): March 17 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	418	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Anna B. Mierling

(Address) 3425 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Hgt Cem't Date 3 6 , 1935

19. UNDERTAKER: Edw J. Comelly

(Address) Essex Md.

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 3 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov , 1934, to Mar 3 , 1935

I last saw him alive on Mar 3 , 1935. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	1/30
Bronchopneumonia. Due	2/35
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Arnold J. Blechman , M. D.

(Address) 3501 Fait Ave

R6

F 10331

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10331

CERTIFICATE OF DEATH

+V210-M

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Joseph Jarmosh

(a) Residence: No. Avondale & Southern Ave St., Colgate Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 12 1920

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
15	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Philip Jarmosh

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Anne Malke

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Anna Jarmosh
(Address) Avondale & Southern ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Mar 7, 1935

19. UNDERTAKER John F Denny
(Address) 215 Lig St

6 1935

(Signed) ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from
Mar 1935 to ... 19...
I last saw h... alive on Mar 1935 Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures Internal Injuries, Shock.	

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/3, 1935

Where did injury occur? Eastern Ave & Canton RR
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury Rolled & Beaten in road

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Toborny Coroner, M. D.

(Address) 2200 E Monument ave

M. D. B. 1768-9

2524 Eutaw — Dr. I. Levy - Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10332

CERTIFICATE OF DEATH

V-49-a F 10332

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Westwood ave St., 45 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie C. Jacobs

(a) Residence: No. 2001 Westwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-25-1892

7. AGE — Years: 42 | Months: 9 | Days: 8, 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Isaac Jacobs

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Rose Roman

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Abraham Jacobs (Address) Majestic Apts

18. BURIAL, CREMATION, OR REMOVAL Place Bikur Cholem Date 3-6-35, 19

19. UNDERTAKER Louis Levy & Sons (Address) 1439 Eutaw Place

FILED 6 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1934 to March 5, 1935

I last saw her alive on March 5, 1935 Death is said to have occurred on the date stated above, at 12 35 m.

The principal cause of death and related causes of importance were as follows:

Ovarian Carcinoma with metastasis

Date of onset

Other contributory causes of importance:

Name of operation Removal of tumor Date of April 1934

What test confirmed diagnosis clinical, Cat Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor I. Levy, M. D.

(Address) 2324 Eutaw place

F 10333

10333/36

296 4/16

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., B Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur L Mainor

(a) Residence: No. 122 S Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-23-35

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Arthur Mainor

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Annie Berry

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Clinton Cem Date 3/7/35 19

19. UNDERTAKER Robert E Williams

(Address) 1515 McElderry St

20. FILED MAR 6 1935 19 Huntington Ellis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1935 to March 5, 1935

I last saw him alive on March 5, 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	2 days

Other contributory causes of importance:

Prematurity

Name of operation None Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Johns Hopkins Hospital

F 10334

F 10334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 150 N. Lakewood Ave Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lawson

(a) Residence: No. 150 N. Lakewood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane McLawson

6. DATE OF BIRTH (month, day, year) ec. 2.1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy (Sales)

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry C Lawson

14. BIRTHPLACE (city or town) (State or country) Alexandria Va

MOTHER

15. MAIDEN NAME Virginia Lenderman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frances Lawson

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 3-7-35

19. UNDERTAKER William Cook

(Address) 1219 Eutaw Place

FILED MAR 6 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5-1935

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1935 to March 5, 1935

I last saw him alive on March 4, 1935 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Lobar Pneumonia	3/1/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Cavagnol, M. D.

(Address) 5-4 Drury Lane

M. D. F. 10335

F 10335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nancy Helen Fulton

(a) Residence: No. 2211 St. Paul St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE Late John L. Fulton

6. DATE OF BIRTH (month, day, year) May 20 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lace Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carnagill Lancaster Co. Md

FATHER

13. NAME James White

14. BIRTHPLACE (city or town) (State or country) Lancaster Co. Md

MOTHER

15. MAIDEN NAME Ann Allen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Wm. J. Fulton

(Address) 2211 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL (Date) Cem. Salisbury, 3/7 1935

19. UNDERTAKER Jos. H. Mulzhe

(Address) 1611 Linden Ave

20. FILED 1935 Registrar.

MAR 6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1935

22. I HEREBY CERTIFY, That I attended deceased from February 25 1935 to March 4 1935

I last saw her alive on March 4 1935 Death is said to have occurred on the date stated above, at 8:40 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas
& generalized carcinomatosis.

Date of onset

Other contributory causes of importance:

Name of operation Laparotomy & Cholecystotomy Date of

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen 9. Maguire M. D.

(Address) University Hospital

F 10336

M. D. [illegible] 1206

F 10336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 N Potomac St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Dorner

(a) Residence: No. 513 N Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) May 10 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME William le Dorner

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Rachael Rogus

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Emma Dorner
(Address) 513 N Potomac

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 7, 1935

19. UNDERTAKER Martin V. E. Deppel
(Address) 31 Saint Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1934 to March 4, 1935

I last saw deceased alive on March 4, 1935. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension	1925
2 Chronic interstitial nephritis	1929
3 Cerebral hemorrhages	February 26, 1931
Other contributory causes of importance:	
Myocardial failure	1932

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) G. F. Schwartz, M. D.

(Address) 2939 Eastern Ave

F 10337

M. D. F 10337

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S Washington St Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary S Humphreys

(a) Residence: No. 110 S Washington St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P.

6. DATE OF BIRTH (month, day, year) Oct 14 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salto

FATHER

13. NAME Frank Mitchell

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

MOTHER

15. MAIDEN NAME Agusta Aussmiller

16. BIRTHPLACE (city or town) (State or country) Salto

17. INFORMANT Thomas P. Humphreys

(Address) 110 S Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 8. 1935

19. UNDERTAKER Martin E. Doppel

(Address) 37 E Lanvale St

20. FILED . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18 1932 to March 5 1935

I last saw her alive on March 5 1935 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1928
Other contributory causes of importance:	
acute myocarditis	2½ mos

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Abramovitz M.D. M. D.

(Address) 1705-07 E. Baltimore St.

M. D. B. 1269-9

F 10338

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10338 *59

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hospt

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Gustav Davis (or Kocourek)

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Davis

6. DATE OF BIRTH (month, day, year) July 29. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	7	4 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Santo Domingo

MOTHER FATHER

13. NAME Juan Kocourek

14. BIRTHPLACE (city or town) (State or country) Cuba Spanish

15. MAIDEN NAME Maria Isabel

16. BIRTHPLACE (city or town) (State or country) Cuba-Spanish

17. INFORMANT Fred Hayes

(Address) 701 Lemmon

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 8 1935

19. UNDERTAKER Jacob Woodyard

(Address) 1900 [illegible]

FILED 6-1935 19 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1935 to March 5, 1935

I last saw h[illegible]ive on March 5 1935 Death is said to have occurred on the date stated above, at 8 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	?
Cellulitis left leg & forearm	Feb. 15
Septicemia	3-3-35
Diabetes mellitus	?
Pyelo nephritis	3-1-35

Other contributory causes of importance:

Hypertension	?
Cystitis & Urethritis	?

Name of operation None Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hugh B. McNally M. D.

(Address) Univ. Hosp.

M. D. B. 1268-34 F 10339 Page ✓ F 10339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Division St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm H Page

(a) Residence: No. 1406 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs Virginia Page

6. DATE OF BIRTH (month, day, year) Aug 17-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1090

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jack Page

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Virginia Page
(Address) 1408 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date 3-8 1935

19. UNDERTAKER George T. A. Gibson
(Address) 1731 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/25 1935 to 3/5 1935

I last saw him alive on 3/4 1935. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis + Uremia	

Other contributory causes of importance: Uremic Coma

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Ben Kline M. D.

(Address) 2139 O St

M. D. R. 168-9 F 10340

F 10340

29478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. J 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delores Gilbert

(a) Residence: No. 1622 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-26-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 2/12	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Arthur Gilbert

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marian Dixon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Md Cremation 3-10 1935

19. UNDERTAKER George R. Gibson

(Address) 1136 Druid Hill Ave

FILED MAR 9 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935, to March 5, 1935. I last saw her alive on Mar 5, 1935. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1-1-35
Miliary tuberculosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Dominick Deschiavi M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 10341

F 10341 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 W. Fayette St. St., 16 Ward)

Length of residence in city or town where death occurred 00 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Hardt

(a) Residence: No. 1216 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Hardt

6. DATE OF BIRTH (month, day, year) Nov. 29, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlisle Pa.

13. NAME William Grossman

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Hanah Kleffman

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Mary wilcox
(Address) 3006 Ailsa Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Mar 6, 1935

19. UNDERTAKER Wm J Tucker & Sons
(Address) Brooklyn Annex

Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1935 to Mar 4 1935.
I last saw her alive on Mar 3 1935. Death is said to have occurred on the date stated above, at 5 05 AM.

The principal cause of death and related causes of importance were as follows:

Hypertension - Chronic Myocarditis & Endocarditis — Date of onset

Other contributory causes of importance: Myocardial Decompensation

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) O Walter Stumm M. D. M. D.
(Address) 3603 Edmondson Ave

M. D. B. 1268-9

F 10342

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10342

CERTIFICATE OF DEATH

✓ 131

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 N University Pkwy Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Ellen Wilson

(a) Residence: No. 610 University Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Alexander E. R. Wilson

6. DATE OF BIRTH (month, day, year) March 5th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Benjamin F. Ray

14. BIRTHPLACE (city or town) (State or country) U. S. A. Md

MOTHER

15. MAIDEN NAME Ellen Clements

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Mabel Wilson

(Address) 610 W University Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Mar 7 1935

19. UNDERTAKER H. J. Reisberg Sons

(Address) 1900 Pennsylvania Ave

20. FILED Mar 7 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1930 to March 4th 1935

I last saw h[illegible] alive on March 4th 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset

Other contributory causes of importance:

Chronic Uremia

Name of operation — Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fayette Emmons M. D.

(Address) University Hospital

M. D. P. 1268-9

F 10343

F 10343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH West Balto. Gen. Hosp. Ward 15-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... (Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jessie Scott Shaver

(a) Residence: No. 3907 W Cold Spring Lane St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herbert C. Shaver

6. DATE OF BIRTH (month, day, year) June 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 0 0 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairfield Iowa

FATHER

13. NAME Harry Scott

14. BIRTHPLACE (city or town) (State or country) Millerstown Pa

MOTHER

15. MAIDEN NAME S. Marie McCullough

16. BIRTHPLACE (city or town) (State or country) Rayville Md

17. INFORMANT Mrs Allen C Bonnidge

(Address) 3907 W. Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL Pine Grove Rayville Md Date May 8 1935

19. UNDERTAKER Wm J Jackson & Sons

(Address) Main & Edmondson Aves.

26. FILED ... 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to March 5 1935

I last saw h er alive on Mar 5 1935 Death is said to have occurred on the date stated above, at 4 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~CA of Sigmoid~~ Carcinoma of Sigmoid Colon	?

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jno. Ruhrah M. D.

(Address) W. Balto. Gen. Hosp. Balto. Md.

M. D. P. 1268-9

F 10344

F 10344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 12 Ward)

Length of residence in city or town where death occurred 49 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter S. Haring

(a) Residence: No. 3107 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Edith Downing Haring

6. DATE OF BIRTH (month, day, year): May 24, 1885

7. AGE — Years: 49 | Months: 9 | Days: 5 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Claim Adjuster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O. R.R. Co

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Clarence Leonard Haring

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Margaret Hall

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Edith D. Haring
(Address) 3107 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cem. Date: Mar 7, 1935

19. UNDERTAKER: Wm. Tyler Roos
(Address) North & Fulton Aves

6-7-1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1935, to 3-5, 1935

I last saw him alive on 3-5, 1935 Death is said to have occurred on the date stated above, at 7 15/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronically infected tonsils	1922
Cerebral vascular accident	3-5-35
	about
Other contributory causes of importance: Hypertension	?

Name of operation: Tonsillectomy, submucous resection & turbinectomy Date of: 3-4-35

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Bungart Jr., M. D.

(Address) University Hosp.

F 10345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10345

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 Hanover St. St., 23 Ward)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada L. R. Jory.

(a) Residence: No. 1439 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, XXXXXXX Louis B. Jory.

6. DATE OF BIRTH (month, day, year) October 14, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

15. MAIDEN NAME Do Not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Barbara Bunting.
(Address) 1439 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Pk Date March 6. 1935

19. UNDERTAKER A. Howard Evans
(Address) 55 E. Fayette St.

MAR 6 - 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt Coroner, M. D.

3/4/35 (Address) 1017 E. Charles St.

F 10346

F 10346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Eden St. 5 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mattie Lewis

(a) Residence: No. 109 N. Eden Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nathaniel Lewis

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 55 | Months ? | Days ? | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Point Ga.

MOTHER FATHER

13. NAME William Griggs

14. BIRTHPLACE (city or town) (State or country) West Point Ga.

15. MAIDEN NAME Jennie Billingsley

16. BIRTHPLACE (city or town) (State or country) West Point Georgia

17. INFORMANT Nathaniel Lewis

(Address) 109 N. Eden Street

18. BURIAL, CREMATION, OR REMOVAL

Place Westpoint Ga Date 3/7 1935

19. UNDERTAKER Robt. F. Williams

(Address) 1515 Eric Ellsworth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 6 Feb 1935 to 2 March 1935

I last saw h alive on 28 Feb 1935 Death is said to have occurred on the date stated above, at 0 p. m.

The principal cause of death and related causes of importance were as follows:

Heart Coronary arterio Sclerosis 3 Hours Chronic Interstitial Cancer, ole

Date of onset

Other contributory causes of importance:

Cystitis

Name of operation none Date of 2/3/35

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Maxfield Boyce M. D.

(Address) 1111 N. Caroline St

FORM B - 1925

M. D. B. 1268-9

F 10347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10347

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 23

CITY OF BALTIMORE: (No. ..... St., 725 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Henry Jones (Jefferson)

(a) Residence: No. 642 Milliman st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Jefferson

6. DATE OF BIRTH (month, day, year) Dec. 10, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 6070

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Jeff Jefferson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fannie (Unknown)

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery 3-7 1935

19. UNDERTAKER Robert T. Young & Co
(Address) 604 N. Caroline St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1935

22. I HEREBY CERTIFY, That I attended deceased from February 8 1934 to March 4 1935

I last saw him alive on March 4 1935 Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Novemb 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Meyer M Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. P. 1269-9

✓ F 10348

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10348

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 13 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Herbert

(a) Residence: No. 2442 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lewis Herbert. Theresa

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md. 2nd.

FATHER

13. NAME Joseph Herbert

14. BIRTHPLACE (city or town) (State or country) St Marrus Co Md

MOTHER

15. MAIDEN NAME Willie Young

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT (Address) Hosp. Records Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date March 6, 1935

19. UNDERTAKER (Address) Edw. Bryan 1631 Pennsylvania Ave Washington D.C.

FILED 1935 19 6 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1935 to 3-1, 1935

I last saw h. alive on 3-1, 1935 Death is said to have occurred on the date stated above, at 8 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Croupous)	

Other contributory causes of importance:

Myocardial Insufficiency

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Proctor M. D.

(Address) Md Gen Hospital

M. D. B. 1268-9

✓ F 10349

F 10349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N. Robinson St. St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Kern

(a) Residence: No. 510 N. Robinson Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 11, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Henry Kern

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Katherine Ross

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Cecelia Hooke
(Address) 510 N. Robinson Street

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evangelical Date Mar. 6, 35

19. UNDERTAKER HENRY SANDER & SON, INC. Henry Sander
(Address) Baltimore & Broadway

Filed ..... 19 .....
Registrar.

6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1934 to Mar 3, 1935

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal Tuberculosis	

Other contributory causes of importance:

Pulmonary Tuberculosis	

Name of operation Tracheotomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. E. Kerner, M. D.

(Address) 1301 N. Patterson

M. D. B. Form 10-9 F 10350 ✓ F 10350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 Wash Blvd St. 75 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella M Blunt

(a) Residence: No. 2236 Wash Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Blunt

6. DATE OF BIRTH (month, day, year) June 2 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lee Phifer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Isabelle Millen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harriett H Burgen

(Address) 2236 Wash Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 3/7, 1935

19. UNDERTAKER Eddy Loudon

(Address) 2369 Wash Blvd

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1934, to Mar 5, 1935

I last saw h.CY alive on Mar 5, 1935. Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Disease (Chr Endocarditis)	1932

Other contributory causes of importance:

Edema of Lungs	3/3/35

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C P Rostein M. D.

(Address) 2623 Washington Blvd

M. D. P. 1268-9

10351 17

✓ F 10351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2961 × 108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joan Webb

(a) Residence: No. Stillwater Rd, St., ... Ward. Essex Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	16		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Walter Webb

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Mildred Coleman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/9 1935

19. UNDERTAKER John G. Connelly
(Address) Essex, Md

20. FILED Huntington Williams, Registrar.
3-9-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1935, to March 5, 1935.
I last saw her alive on March 5, 1934 Death is said to have occurred on the date stated above, at 3:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-25-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Irving D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

10352 ✓ F 10352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-B

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves. St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth 73 yrs. ... mos. ... ds.

2. FULL NAME Rev. John Guillo. C.SS.R.

(a) Residence: No. St. Mary's College. Idlewilder. Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cem. Date Mar. 8. 1935

19. UNDERTAKER Easton Sons

(Address) Ellicott City, Md.

20. FILED Huntington Williamsport, Md.

3-8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-5-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17 1935 to March 5. 1935

I last saw him alive on March 5 1935 Death is said to have occurred on the date stated above, at 5 1/2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (post operative adhesions)	2-17-35
Other contributory causes of importance: Hypostatic Pneumonia	2-28-35

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St Agnes Hospital

M. D. D. 1368-3

F 10353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. F 10353

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 N. Regester St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Scheper

(a) Residence: No. 1515 N. Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha A. Scheper

6. DATE OF BIRTH (month, day, year) June 30 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Hanna Faughnan Daughter
(Address) 1332 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 8 1935

19. UNDERTAKER Henry Weiss Sons, Inc
(Address) 1524 E. Eager St

20. FILED Hampton Williams Registrar.
MAR 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935, to March 5, 1935

I last saw h alive on March 5, 1935 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	2 d
Other contributory causes of importance:	
Myocarditis Arteriosclerosis	3 Mo
Decompensated	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. F. Strome, M. D.

(Address) 1818 Harford Ave

1935

M. D. B. 1268-9

F 10354

10354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 N. Broadway St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adelaide H. Chenowith

(a) Residence: No. 1232 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard R. Chenowith

6. DATE OF BIRTH (month, day, year) March 6, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Trenton,
(State or country) New Jersey

MOTHER FATHER

13. NAME Elliott Tucker

14. BIRTHPLACE (city or town) Trenton
(State or country) New Jersey

15. MAIDEN NAME Mary Elizabeth

16. BIRTHPLACE (city or town) Trenton
(State or country) New Jersey

17. INFORMANT Mr. Donald McLean
(Address) Forest Hills, Long Island, N. Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date March 7, 1935

19. UNDERTAKER Joseph A. Cook.
(Address) 1005 W. Baltimore St.

20. FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1935 to 3-4, 1935

I last saw her alive on 3-4, 1935 Death is said to have occurred on the date stated above, at 10.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 yrs.
Angina-Pectoris-Mayo	6 mos.
Other contributory causes of importance:	
Myocardial Insufficiency	2 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) David Miller Jr. M. D.

(Address) 1500 N. Broadway

M. D. R. 1268-9

F 10355

10355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry McAfee (Harry Carroll McAfee)

(a) Residence: No. 109 Rosewood Ave., Catonsville St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Pearle McAfee

6. DATE OF BIRTH (month, day, year) December 14, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & Ohio RR

10. Date deceased last worked at this occupation (month and year) Feb. 28, 1935

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry C. McAfee

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Mary L. Minnick

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Ida Pearle McAfee

(Address) 109 Rosewood Ave., Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. View Cemetery Date March 9, 1935

Carroll County

19. UNDERTAKER Robert H. Cook

(Address) 1009 W. Baltimore St.

20. FILED 3-9-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1935, to March 6, 1935.

I last saw him alive on March 6, 1935. Death is said to have occurred on the date stated above, at 7:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Diabetic coma	
Chronic nephritis	
Lobar suppurative infection	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) [illegible] M. D.

(Address) [illegible] Hospital

M. D. P. 1268-9

F 10356

10356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4322 Glenmore Ave. Ward) 26

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph M. Schuster

(a) Residence: No. 4322 Glenmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	W Latv	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

8. DATE OF BIRTH (month, day, year) March 20 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month, day, year) Dec 24 1934

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jos M. Schuster

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Fridrika Walter

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Jos M Schuster
(Address) 4322 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 3/7/35

19. UNDERTAKER E & B Kayle
(Address) 1102 West Lo

6 MAR 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to March 4 1935

I last saw him alive on March 4 1935. Death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	

Other contributory causes of importance:

Coronary Thrombosis Embolism
Mitral Regurgitation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Gustave A Ruhl M. D.

(Address) 6801 Bdwy Md.

Spec.—2-29-28—L. F. S.—500 Blks.

10357

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10357

CERTIFICATE OF DEATH

REGISTERED NO. 50

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3200 Elgin Ave ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dorothy Louise Kaufman

(a) RESIDENCE NO. 3200 Elgin Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: John E. Kaufman

6 DATE OF BIRTH (month, day, and year): Aug 22, 1883

7 AGE: Years 51 | Months 6 | Days 11 13 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Hamilton, Ohio

10 NAME OF FATHER: Dennis B. Hanaggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Caroline F. Krueger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Hamilton Ohio

14 Informant: Mr. E. Kaufman

(Address) 3200 Elgin Ave

Died 6 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 5, 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1934, to March 5, 1935, that I last saw h[illegible] alive on March 4 1935 and that death occurred, on the date stated above, at 9 05 A. m.

The CAUSE OF DEATH* was as follows:

Papillary Cystadeno-carcinoma.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cachexia - Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2

Did an operation precede death? Yes Date of Aug 4, 1934

Was there an autopsy? No.

What test confirmed diagnosis? Clinical - Pathological.

(Signed) O. Walter Spunier M. D. M. D.

19 (Address) 3603 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rushville Indiana — DATE OF BURIAL: Mar. 7 1935

20 UNDERTAKER: Margaret A. Flynn — ADDRESS: 1103 N. Milton

50

Rev.—6-9-19—H. P. Co.—1000 Blks.

✓F 10358

10358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2210 Elsinore (St.) 15 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Miss Rose Swope

(a) RESIDENCE. No. 2210 Elsinore Ave St., Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Wh	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 18 - 58

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired. —

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Adams Co Pa.

PARENTS

10 NAME OF FATHER Saml A. Swope

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary Sloyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs. C. A. Baugeman.
(Address) 2210 Elsinore ave.

15 Filed 6-1935, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar-6- 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934, to Mar-6, 1935, (that I last saw her alive on Mar-5, 1935, and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis, with myocardial degeneration, Decompensation, and cerebral hemorrhage. (Sudden Stroke) (a) 6 mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Crisis - 3/4/1935 (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) J. Wesley Call, M. D.

3/6, 1935 (Address) 3207 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gettysburg Pa.

DATE OF BURIAL: Mar 8 1935

20 UNDERTAKER: Harry H Emmert

ADDRESS: 4204 Ridgewood Ave

M. D. B. 1268-9

F 10359

10359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1256 Riverside Ave 24th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Andrerson

(a) Residence: No. 1256 Riverside Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Andrerson

6. DATE OF BIRTH (month, day, year) Aug 14 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	66	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butts Md.

FATHER

13. NAME Jobes Smith

14. BIRTHPLACE (city or town) (State or country) Butts. Md.

MOTHER

15. MAIDEN NAME Addie Haywood

16. BIRTHPLACE (city or town) (State or country) Butts. Md.

17. INFORMANT Mrs Charles Howard

(Address) 1256 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date March 5 1935

19. UNDERTAKER Chas. J. Forney

(Address) 1501 E Fort Ave

Huntington Williamsport

6 FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3 1934 to Mar. 5 1935

I last saw HER alive on Mar. 5 1935 Death is said to have occurred on the date stated above, at 8.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus and Cerebral Hemorrhage	Indefinite
Other contributory causes of importance: Exhaustion	3/4/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, state how ...

3/6/35 (Signed) H. L. Campbell M. D.

(Address) 1644 Hanover St

M. D. B. 1262-0

F 10360

10360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1944 Frederick St. Ave. Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otto F. Schmelzeisen

(a) Residence: No. 102 S. Salvation Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Elizabeth Schmelzeisen

6. DATE OF BIRTH (month, day, year) Dec. 23 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	11	17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hand Boss

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Albert Schmelzeisen

14. BIRTHPLACE (city or town) (State or country) German

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Schmelzeisen

(Address) 102 S. Salvation Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Mar. 7 1935

19. UNDERTAKER George L. Schmidt

(Address) 911 E. Fredrick Ave.

20. FILED 7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 , 1935

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19...

saw him alive on ... Death is said to have occurred on the date stated above, at 7:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stroke.	

Other contributory causes of importance:

accident

Name of operation none (Autopsy) Date of ... March 4-35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury March 4, 1935

Where did injury occur? Bolton Hill (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Indoors

Manner of injury Fell from Loft

Nature of injury Compound fracture of left arm

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John L. Voltz M. D.
Coroner

(Address) 16 So Broadway

M. H. 8 12 F 10361

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10361

210-M

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., ... Ward) 4
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul H. Wissinger
(a) Residence: No. John Town, Pa. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
M	W	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) Aug. 9, 1914

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	6	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Md College
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER
13. NAME Eli B. Wissinger
14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER
15. MAIDEN NAME Mary Hunt
16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Russel Wissinger
(Address) Fillsburg, Pa.

18. BURIAL, CREMATION, OR REMOVAL Date 3/7/35
Place ...

19. UNDERTAKER Harry E. Welty
(Address) 4805 Edmondson Ave

20. FILED ... 19 ...
MAR 7 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12-20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	
Automobile accident	

Name of operation none Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/6, 1935
Where did injury occur? Westminster Rd + Woodbourne Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, on farm, or in public place Street Accident
Manner of injury auto in which he was riding collided with a pole
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis Adams Coroner, M. D.
(Address) 2203 E. Monument St

M. D. P. 1268-B

F 10362

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10362

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Chester

(a) Residence: No. 628 Sterling St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jul 26/1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	7	7 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edmond Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Chester

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Chester
(Address) 628 Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 3-7 19 35

19. UNDERTAKER Byron Francis & Knight
(Address) 1218 McElderry St

20. FILED 19 Registrar.

7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Menongitis (Meningococic)	

Other contributory causes of importance:

Pyelitis	

Name of operation Spinal Punct Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... Coroner M. D.

(Address) 5086 Fourth

M. D. F. F 10363

F 10363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., Ward) 14

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William H Tabb

(a) Residence: No. 1002 J. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Layton Tabb

(Address) 1002 J St

18. BURIAL, CREMATION OR REMOVAL

Lexington Kentucky 3-8 1935

(Place) (Date)

19. UNDERTAKER Mrs R. A Pelham Sr

(Address) 1124 N. Carrollton

20. FILED MR 7 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-18, 1935 to 3-6, 1935

I last saw h alive on 3-6, 1935 Death is said to have occurred on the date stated above, at 5.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Harris, M. D.

(Address) Provident Hospital

F 10364

M. D. B. 1268-4 F 10364

291329 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓56

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilda Woodlon

(a) Residence: No. 934 S Sharpe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-22-03

7. AGE

Years	Months	Days	If LESS than 1 day.....hrs. or min.
32		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Woodlon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Verdella Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date 3-8 1935

Mt. Auburn

19. UNDERTAKER James A. Oates

(Address)

20. FILED MAR 1 - 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1934 to March 4 1935

I last saw h.er alive on March 4 1935 Death is said to have occurred on the date stated above, at 905 p m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Adhesive Pericarditis — Date of onset Dec 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. A. Carter M. D.

(Address) Johns Hopkins Hosp.

M. D. F. 10359 F 10365

Edgar H. Armbruster

F 10365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 Rochester Place St., Ward) | Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar H Armbruster

(a) Residence: No. 139 Rochester Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, RUSBAND of (or) WIFE of M. Helen Armbruster

6. DATE OF BIRTH (month, day, year) May 2/1896

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	39	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bundles Tier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass Co Electric

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 9 yr

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Chas Armbruster

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Mollie Pike

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT M. Helen Armbruster
(Address) 139 Rochester Place

18. BURIAL, CREMATION, OR REMOVAL
Place Cat. Lawn Date 3/7/35 19

19. UNDERTAKER Philip Henry Sons
(Address) 206 E Eutaw St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4 19 35

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 19 35 to Mar 4 19 35

I last saw h[illegible] alive on Mar 4 19 35 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) E. Kent Swales M. D.

(Address) 2956 E Madison

M. D. B 1268-9

10366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10366 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., ... Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nettie Baker

(a) Residence: No. 415 S. Highland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry H Baker

6. DATE OF BIRTH (month, day, year) June 17 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Linton Jordan

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hester Marsch

(Address) 2418 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Md Date Mar 9 1935

19. UNDERTAKER John Wenck

(Address) 1210 Eastern Ave

20. FILED Mar 9 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance: accidental Fract of Left Femur

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury Sept 29 1934

Where did injury occur? 415 S Highland Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped on floor

Nature of injury Fract

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B Posterzo M.D. Coroner

(Address) 1305 N Patterson Park Ave

M. D. H 1268-9

F 10367

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10367

CERTIFICATE OF DEATH

190

Registered No. ?

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S Central Ave St., ... Ward) ?

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W Wright

(a) Residence: No. 809 N Linwood St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Wright

7. DATE OF BIRTH (month, day, year) June 3 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	55	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wire

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Wright

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Josephine Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Wright

(Address) 809 N Linwood

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Cem Mar 8, 1935

19. UNDERTAKER John Wenck

(Address) 200 E Oliver

FILED ..., 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
and Exposure	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury In any way related to occupation of deceased?

If so, specify

(Signed) H Herzog md M. D.

Coroner

(Address) 305 N Fulton Ave

M. D. B. 1961 F 10368

F 10368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 E. Biddle St. St., ... Ward) 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Harrison

(a) Residence: No. 218 E. Biddle St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME James Harrison

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Dr. Frank Gilmor
(Address) 218 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 3/8/35 19

19. UNDERTAKER Harry A. Fritz
(Address) 4101 Reisterstown Rd.

FILED 3-7-1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1935, to March 5th, 1935.

I last saw h.. alive on March 5th, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 1st 35

Other contributory cause of importance: Congenital Insufficiency

Name of operation u Date of

What test confirmed diagnosis? Was there an autopsy? u

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? u

If so, specify

(Signed) J. Chatard ... M. D.

(Address) 1300 Eutaw St

F 10369

M. D. F 10369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilson Morris Rentzsser
(a) Residence: No. Towson, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 24 1914

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or min.
20	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Navy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sailor
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER
13. NAME John C. Rentzsser
14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER
15. MAIDEN NAME Mary E. Ayres
16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT John C. Rentzsser
(Address) Mason Ave. Hoppe Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Carlewood Date March 9, 1935

19. UNDERTAKER Frisby-Lanahan & Son
(Address) 1701 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935, to March 6, 1935. I last saw him alive on March 6, 1935. Death is said to have occurred on the date stated above, at 6 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral spinal meningitis (pneumococcus)	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

M. D. F 10370

F 10370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9 Ward)

Length of residence in city or town where death occurred 1 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen E McClure

(a) Residence: No. 1530 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Ogden L McClure

6. DATE OF BIRTH (month, day, year) 12/12/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation about

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James McClure

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amanda Richardson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date Mar 8, 1935

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED , 19 , Registrar

R 7 - 1535 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/6/34, 19 to 3/11/35, 19

I last saw h~~im~~ alive on 3/5/35, 19 Death is said to have occurred on the date stated above, at 7 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glioma of Brain	about

Other contributory causes of importance:

Name of operation Craniotomy - 11/18/34 Removal of tumor 11/28/34

What test confirmed diagnosis? Was there an autopsy? Biopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond F. Hospital, M. D.

(Address) Mercy Hospital.

M. D. B. 1269-0

F 10371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10371

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 N. Eppleton St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Caplan

(a) Residence: No. 1626 N. Eppleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Caplan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel Scher

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Paul Caplan 1626 N Appleton St

18. BURIAL, CREMATION, OR REMOVAL Date March 7 1935

Place Levering Run

19. UNDERTAKER (Address) Wm. Levinson Bro 1129 E Baltimore St

Huntington Woods, Md.

20. FILED 7 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1934 to 3/6 1935.

I last saw h[illegible] alive on 3/6 1935. Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation	Jan. 1935
Acute Cardiac Dilatation	3/6/35

Other contributory causes of importance:

Chr. Interstitial Nephritis.	1933

Name of operation Date of

What test confirmed diagnosis? By Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Silver M. D.

(Address) 3704 Liberty Hgts. Ave.

M. D. B. 1933

F 10372

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10372

CERTIFICATE OF DEATH

√ 131

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 Gilmor St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Bunch

(a) Residence: No. 811 N Bruckes St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Bunch

6. DATE OF BIRTH (month, day, year): March 28 1881

7. AGE: Years 53; Months 11; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

MOTHER OF FATHER

12. BIRTHPLACE (city or town) (State or country): Middleburg Va.

13. NAME: Lewis Byrd

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Priscilla Byrd

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Cyril Pratt

(Address) 811 N. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Equality Date: March 1936

19. UNDERTAKER: Samuel H. Case & Son

(Address) 638 W. Lemmon

20. FILED 19 Registrar

MAR 7 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1935, to March 6, 1935

I last saw her alive on March 5, 1935. Death is said to have occurred on the date stated above, at /2 M. in.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Hypertension	3
Cerebral Hemorrhage	3
Bronchial Pneumonia	Mar 5

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Blood Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. L. Hudson M. D.

(Address) 811 Hanover St

M. D. F. 1268-a F 10373

F 10373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Lyndenham Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Edward Jackson

(a) Residence: No. 210 Oak St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: Colored

5. Single, Married, Widowed, Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: .....

6. DATE OF BIRTH (month, day, year): June 30, 1934

7. AGE: Years 8 Months 8 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boy, none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Edward Jackson

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Kate Hopcomb

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: Mother

(Address) 210 Oak St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 7 1935

19. UNDERTAKER V. G. Brooks

(Address) 1463 N Carey St

20. FILED ..... 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935, to March 5, 1935

I last saw him alive on March 5, 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococci laryngitis and tracheobronchitis	March 2

Other contributory causes of importance: Bilateral bronchopneumonia March 4

Name of operation (none) Date of .....

What test confirmed diagnosis? (None) Was there an autopsy? (No)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? (No) Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (No) If so, specify .....

(Signed) Harry Lachman M. D.

(Address) Lyndenham Hospital

M. D. P. 1268-9

10374

F 10374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring St., 27 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Goldstrom

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bldg. Street Cleaning Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) 1/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Moses Goldstrom

14. BIRTHPLACE (city or town) (State or country) Prussia

MOTHER

15. MAIDEN NAME Lena —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place Shaw Friendship Date 3-7- 1935

19. UNDERTAKER Jos. Lewis Inc.

(Address) 1739 E. Balto. St.

20. FILED MAR 7 - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-17, 1933, to 3-6, 1935

I last saw him alive on 3-5, 1935. Death is said to have occurred on the date stated above, at 1205 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3-5-35
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Emphysema
Chr. Bronchitis

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H. Edmund Kerr M. D.

(Address) Levindale

M. D. B. 1268-9

TREGOR

F 10375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee or Tregor

(a) Residence: No. 827 N. Clark St. Chicago Ill. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London Eng.

FATHER

13. NAME Austin Tregor

14. BIRTHPLACE (city or town) (State or country) Chicago

MOTHER

15. MAIDEN NAME Sarah Resnick

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Yates

(Address) 827 N. Clark St

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill. Date 3-7 1935

19. UNDERTAKER Jack Lewis Co

(Address) 1439 E. Baltimore

20. FILED 19

Registrar.

MAR 7 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1935 to March 6, 1935

I last saw he alive on March 6, 1935 Death is said to have occurred on the date stated above, at 3:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	3-5-35
Encephalitis	2-6-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh H. McKinley M. D.

(Address) Univ. Hosp.

M. D. F 1268-9

F 10376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10376

94-8

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Archer Street. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Olelia Stewert

(a) Residence: No. 603 Archer Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	-	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William Johnson
(Address) 603 Archer St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/7/35 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 1024 W Montgomery St

20. FILED MAR 7 1935 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on Inquiry . 19 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Mar. 4 1935
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos L. Valentine M. D.
Coroner

(Address) 16 South Broadway

M. D. F 1268

F 10377

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 10377

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3717 Fleetwood Ave. St., Overlea 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophie Delarue

(a) Residence: No. 3717 Fleetwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Dec. 12, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Miss Elizabeth Stevens
(Address) Dept. Public Welfare, Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Mar. 7, 1935

19. UNDERTAKER John F. Glenn
(Address) 715 Light St.

20. FILED 7-1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Probably Bronchopneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Coroner. M. D.

(Address) [illegible]

Spec.—B.T.—A. [illegible]

F 10378

F 10378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-H

REGISTERED No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Belmont Ave ST. 16 WARD)

2-FULL NAME Mary Eliza Davis

(a) RESIDENCE No. 3008 Belmont Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 ~~single~~, ~~Married~~, Widowed, or ~~Divorced~~ (~~write~~ the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar C. Davis

6 DATE OF BIRTH (month, day, and year) Dec 19-1855

7 AGE — Years: 79 — Months: 2 — Days: 17 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) old

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Hamilton

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Cubitha Stevenson

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mrs Margaret A Davis. (Address) 3008 Belmont Ave

15 Filed MAR 7 1935 Registered

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6th 1935

17

I HEREBY CERTIFY, That I attended deceased from Feb 1 1934, to March 6th 1935

that I last saw h[illegible] alive on March 5 1935

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall Bladder

(duration) 1 yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) G W Billups M. D.

19 (Address) 2224 W. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Mar 8th 1935

20 UNDERTAKER Rayburn & Poe — ADDRESS 2224 W. Baltimore St

MAR 7 1935

M. D. [illegible] F 10379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10379

CERTIFICATE OF DEATH

V 56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Ellis or Mary Ellis Walker X

(a) Residence: No. 655 Pierce St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
6			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Sam Lee

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Blanter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louise Blanter
(Address) 655 Pierce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/8/ 35

19. UNDERTAKER Blanter & Levy
(Address) 916 Pennsylvania Ave

20. FILED ..... 19..... Registrar

R 7-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from December 5th 1934 to March 4th 1935
I last saw h[illegible] alive on March 4th 1935 Death is said to have occurred on the date stated above, at 8 30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	Nov 1934

Other contributory causes of importance:

Lt Hemiplegia	
Cardiac Failure	March 4 1935

Name of operation Tonsilectomy Date of 3-4-35

What test confirmed diagnosis? X-Ray Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lauriston L. Rowe M. D.

(Address) University Hospital.

A&Co. 5-H 250B

F 10380

F 10380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Walker

(a) Residence: No. 3361 Chestnut Ave, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) md.
(State or country)

FATHER

13. NAME Edward Walker

14. BIRTHPLACE (city or town) md
(State or country)

MOTHER

15. MAIDEN NAME Lucy Nelson

16. BIRTHPLACE (city or town) md.
(State or country)

17. INFORMANT Edward Walker
(Address) 3361 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Louisiana Park Date May 9 1935

19. UNDERTAKER Chenoweth Bros.
(Address) 3615 Chestnut Ave

20. FILED May 9 1935 Huntington Williams Reg. Registrar.

RJ 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to March 6, 1935

I last saw her alive on March 6, 1935, death is said to have occurred on the date stated above, at 1145 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis	1-35
Carcinoma of the colon?	
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J Rieu Moore, M. D.

(Address) Franklin Sq. Hosp.

Spec.—2-11-28—1,000 lts.

F 10381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4. S. Ellwood Ave ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME 3 Month Embryo

(a) RESIDENCE NO. 4. S. Ellwood Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar 3 1935

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Charles Cumberland

11 BIRTHPLACE OF FATHER (city or town) Baltimore, Md
(State or country)

12 MAIDEN NAME OF MOTHER Grace Julia Hubbard

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md
(State or country)

14 Informant Charles Cumberland
(Address) 4. S. Ellwood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 3 1935

17 I HEREBY CERTIFY, That I attended deceased from Mar 3 1935, to Mar 3 1935, that I last saw him dead alive on Mar 3 1935 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Premature Embryo

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Observation

(Signed) H. B. Sellers, M. D.

3/6, 1935 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johns Hopkins Embry. D.

DATE OF BURIAL Mar 4 1935

20 UNDERTAKER .....

ADDRESS .....

M. D. P. 1268-6 F 10382 ✓ F 10382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 115a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Sample

(a) Residence: No. Catonsville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	—	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas Sample

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lillian Glover

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Chas Sample
(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Fork Cem. Date 3/8, 1935

19. UNDERTAKER Pennington & Gott
(Address) Ridgeson, Md.

20. FILED 3-8-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1935 to 3-7, 1935

I last saw her alive on 3-7-35, 1935. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Ulcers, right Cellulitis of neck, right Internal Mam. Thrombosis, st.	3-4-35 3-6-35 3-7-35

Other contributory causes of importance:

Operation Incision & Drainage Date of 3-6-35

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George E. Bunton, Jr. M. D.

(Address) University Hospital

M. D. H. 128 F 10383 ✓ F 10383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 Garrison Blvd. St., 15 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Sarah M. McLaughan

(a) Residence: No. 2226 Garrison Blvd. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? ? 1834

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg, Maryland

FATHER

13. NAME John McLaughan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridgid Grant

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine McLaughan

(Address) 2226 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

St. Michael's Cemetery

Place FROSTBURG, MD. Date March 8 1935

19. UNDERTAKER Vernon Lemmon

(Address) 4611 Park Heights Ave.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11 1934 to March 6 1935

I last saw her alive on March 6 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/5/35
Chronic myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Lee Lord M. D.

(Address) 2217 Eutaw Pl.

MAR 12 1935

M. D. B. 1206

F 10384

F 10384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 19 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert W Nyser

(a) Residence: No. 405 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Bertha E. Nyser

6. DATE OF BIRTH (month, day, year) March 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Nyser

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records B. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date 3/11/1935

19. UNDERTAKER John J. Conroy & Son
(Address) 409 S. Calhoun St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/28 1934 to 3/7 1935

I last saw him alive on 3/7 1935 Death is said to have occurred on the date stated above, at 1 30 a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset 2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reyer M. D.

(Address) Balto. City Hosp

M. D. B. 1268-9

10385 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10385

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Granada Ave. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Marian E. Graydon

(a) Residence: No. 3801 Granada Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph G. Graydon

6. DATE OF BIRTH (month, day, year) Oct. 12, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Biddle

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Peterson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. LeRoy Graydon
(Address) 3801 Granada Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3-9-35 19

19. UNDERTAKER R. Thrower
(Address) 1020 Ashburton St.

20. FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to March 6 1935

I last saw him alive on March 5 1935. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism
Arterio Sclerosis & Mental Dementia

Date of onset 1930

Other contributory causes of importance:

Name of operation ....Date of ....

What test confirmed diagnosis? ....Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) A. C. Smith M. D.

(Address) 4509 Eastern Ave

AdCo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

10386 F 10386

CERTIFICATE OF DEATH

8 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 Silver Hill Rd St., 28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry George Raab

(a) Residence: No. 2720 Silver Hill Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
RUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10th 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	26	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Household Goods Party

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Hoye W. Raab Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lily Sevenberger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Hoe. W. Raab Jr
(Address) 2720 Silver Hill Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3/10 1935

19. UNDERTAKER Hoye Miller & Son
(Address) 2503 Edmondson Ave

20. FILED ..... 19.. Registrar.

7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1932, to March 7 1935

I last saw h-m- alive on March 7 1935 death is said to have occurred on the date stated above, at 1.08 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset March Sept 6/30

Streptococcus septicemia

Other contributory causes of importance:

March Sept 1/35

Scarlet fever

Name of operation NO Date of NO

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Walter D Tublett, M. D.

(Address) 2220 Harrison

M. D. B. 1268-9

F 10387

10387 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Street) Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Crowley

(a) Residence: No. Germantown, Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Apr. 30-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9 10	14 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Phila. Pa.

FATHER

13. NAME: Daniel S. Crowley

14. BIRTHPLACE (city or town) (State or country): Ashbourne Pa

MOTHER

15. MAIDEN NAME: Mary Ann Dillon

16. BIRTHPLACE (city or town) (State or country): Birmingham England

17. INFORMANT (Address): Records of Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL. Place: New Cathedral Cem. Date: Mar 8/35 19

19. UNDERTAKER (Address): Stewart & Mowen Company 108 W. North Ave.

20. FILED MAR 7 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1928 to Mar. 6 1935

I last saw her alive on Mar. 6 1935 Death is said to have occurred on the date stated above, at 10:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ha Catatonic precox	9 yrs.
Other contributory causes of importance: Coronary thrombus	1/2 day.

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damon P. Glazier M. D.

(Address) 3316 Fredericksburg

M. D. H. 1268-2 F 10388 ✓ F 10388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 27 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Mary Bryce Brooke

(a) Residence: No. 5508 Roland Ave. City Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 10, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	8	16 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Portland Md.

FATHER

13. NAME Mr. William S. Brooke

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

MOTHER

15. MAIDEN NAME Ethel Thompson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT James R. Thompson
(Address) 5508 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mch 9 1935

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1300 Eutaw Place

20. FILED MAR 7 - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935 to March 6, 1935

I last saw her alive on March 6, 1935 Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infiltrating malegnant tumor of the pituitary	1929
Bronchopneumonia upper, middle + lower rt. lobes	2/25/35

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Charles H. Conley Jr. M. D.

(Address) Union Memorial Hospital

M. D. F 4268-M F 10389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10389

209-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Hosp. St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth P. Porter

(a) Residence: No. 4822 Roland Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20-1861

7. AGE: Years 73 | Months 8 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME G. Ellis Porter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alcinda Gibson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Dr. M. Gibson Porter

(Address) 4822 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Frostburg Md Date March 8 1935

19. UNDERTAKER John A. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED ... 19... ... Registrar.

MAR 7 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident Fractured Skull Sudden	
Other contributory causes of importance: Street Car	

Name of operation ... Date of ...

What test confirmed diagnosis: Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Mar 6 1935

Where did injury occur? Liberty Height Av & Wabash (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Street Car

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. E. Luck M. D.
Coroner

(Address) Catonsville

M. D. B. 1268-9

F 10390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10390

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 W. Belvedere Ave. St., 27 Ward)
Roland Park

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sherlock Swann

(a) Residence: No. 608 W. Belvedere Ave St., Ward.
(Usual place of abode) Roland Park (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Edith R. Swann DEFORD

6. DATE OF BIRTH (month, day, year) Dec 27 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHAIRMAN BURNT DIST COM. ex POST MASTER 20+3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PRESIDENT CALVERT BLDG CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Thomas Swann

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND.

MOTHER

15. MAIDEN NAME Ellen Penrose

16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

17. INFORMANT Sherlock Swann Jr.
(Address) ~~608~~ 608 W Belvedere ave

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Mar 8 1935

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) 20 Eutaw Richard St

20. FILED ~~Filed~~ Filed in Register's Office
7-1935 Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2nd 1935 to March 6th 1935
I last saw h— alive on March 6th 1935. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	March 2nd

Other contributory causes of importance:

Cardio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Cary T. Grayson Jr. M. D.
(Address)

Spec.—8-16-29—L. F. S.—100 Bks.

F 10391

HEALTH DEPARTMENT—CITY OF BALTIMORE

10391

107-a

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland Avenue ST., 27 WARD)

2—FULL NAME Sister Mary Vincentia Hart

(a) RESIDENCE NO. 5712 Roland Avenue ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. -- mos. -- ds. How long in U. S., if foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of --------

6 DATE OF BIRTH (month, day, and year) Sept. 17, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	77	5	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Religious 005

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

PARENTS

10 NAME OF FATHER Oliver Hart

11 BIRTHPLACE OF FATHER (city or town) -------
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary McGittan

13 BIRTHPLACE OF MOTHER (city or town) -------
(State or country) Ireland

14 Informant Mother Fitzgerald
(Address) Convent of Visitation

15 Filed _____, 19__ _____ Registrar

7-1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6, 1935

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to March 6, 1935, that I last saw her alive on March 6, 1935 and that death occurred, on the date stated above, at 9.05 P. m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) ____ yrs. ____ mos. 7 ds.

CONTRIBUTORY (Secondary) _____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? _____

(Signed) Frank J. Geraghty, M. D.

19 (Address) 3047 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 3/8 1935

20 UNDERTAKER Henry W. Meyer

ADDRESS 1005 N. Eutaw

M. D. P. 1968-9

10392 F 10392

HEALTH DEPARTMENT—CITY OF BALTIMORE

295969

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Stiannah

(a) Residence: No. 802 McCabe Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/17/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Martha O Brien

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place, Med School Date May 7 1935

19. UNDERTAKER
(Address)

7-1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1935 to Feb 27 1935

I last saw her alive on Feb 27 1935. Death is said to have occurred on the date stated above, at 1 h. 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Francis D Schumacher M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1269-0

F 10393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X 87-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Samuel Hayes

(a) Residence: No. Pine Plains St., Ward. New York
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie

6. DATE OF BIRTH (month, day, year) Feb 27 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car

FATHER

13. NAME John A Hays

14. BIRTHPLACE (city or town) (State or country) S Car

MOTHER

15. MAIDEN NAME Frances E. Steele

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Hill S. C. Date March 7. 1935

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st.

20. 1935 ..... Registrar

OCCUPATION is very important. See INSTRUCTIONS on back of CERTIFICATE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5 1935 to March 7 1935

I last saw him alive on March 7 1935 Death is said to have occurred on the date stated above, at 4.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Seleroris?	5 mos. 34
Other contributory causes of importance:	

Name of operation Cerebellar Exploration Date of 3-5-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Carl A. Rundell M. D.

(Address) The Johns Hopkins Hospital

M. D. P. 1938-9

F 10394

HEALTH DEPARTMENT—CITY OF BALTIMORE

10394

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis R. Griffin

(a) Residence: No. 914 S. Linwood Aven., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena.

6. DATE OF BIRTH (month, day, year) 9/4/96.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38.	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving picture operator. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Louis. R.

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margaret Crowley

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records Beh.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland cem Date March 10. 1935

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St

20. FILED MAR 7 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/1, 1934, to 3/6, 1935.

I last saw him alive on 3/6 1935 Death is said to have occurred on the date stated above, at 3 30 p. m.

The principal cause of death and related causes of importance were as follows:

Heart disease, rheumatic — Date of onset 14 yrs.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Pub.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edward A Reite M. D.

(Address) Balto. City Hosp.

M. D. B 1268-9

✓ F 10395

F 10395 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 210-M

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolte City Hospitals St. 76 Ward)

Length of residence in city or town where death occurred ✓ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph H. Bortner

(a) Residence: No. Carson Ave, Colgate Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 3, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

FATHER

13. NAME Charles H Bortner

14. BIRTHPLACE (city or town) (State or country) Balto Co., Md

MOTHER

15. MAIDEN NAME Mary E. Bowers

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT (Address) Charles H Bortner Carson Ave, Colgate, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date March 7, 1935

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St.

20. FILED ... 19... Registrar

MAR 7 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from
Virgin o autopsy to ... 19...
I last saw h alive on Virgin & autopsy Death is said
to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	3/3/35
Other contributory causes of importance:	
Automobile Accident	3/3/35

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/3/35
Where did injury occur? Eastern Ave & Canton R.R.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while
Nature of injury Fell & Bating in road

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓

(Signed) Joseph Pokorny M. D.
Coroner
(Address) 2200 E Madison St

M. D. B. 1268-9

10396 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. 10396

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 S Ann St. 41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Carlson

(a) Residence: No. 809 S Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Carlson

6. DATE OF BIRTH (month, day, year) June 24-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Carl Carlson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) dont know

17. INFORMANT Mrs. R. Williams

(Address) 605 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date March 8. 1935

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St

20. JULY 7 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J P Herzog M.D. Coroner

(Address) 1305 N Patterson Park Ave

M. D. R. 1268-9

F 10397

10397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4117 Harris Ave. St. 27 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Darney

(a) Residence: No. 4117 Harris Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Darney

6. DATE OF BIRTH (month, day, year) Jan. 25, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	1	10 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bowling Alley Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) Feb. 1, 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

FATHER

13. NAME John H. Darney

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Elizabeth J. Mumma

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. Anna M. Darney
(Address) 4117 Harris Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Mar. 8 1935

19. UNDERTAKER Frederick Lansdowne
(Address) 7401 Belair Road

20. 1935 Martin F. Williams, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-27- 1935 to 3-5- 1935

I last saw him alive on 3-5- 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2-27-35

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton C. Lang M. D.

(Address) 2117 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

10398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10398

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Guilford Ave. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Keene Lambdin Woolford

(a) Residence: No. 3218 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William W. Woolford

6. DATE OF BIRTH (month, day, year): Sept. 6, 1851

7. AGE: Years 83 | Months 6 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dorchester Co Md.

FATHER

13. NAME: William Lambdin

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Jane Beckwith

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs Neva C. Woolford 3218 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Mar. 8, 35

19. UNDERTAKER (Address): Wm Fickey Sons 1004 Pennsylvania Ave

3-7-1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 18th 1935 to May 6th 1935

I last saw her alive on March 6th 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Other contributory causes of importance: General arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) William A. Hesslick M. D.

(Address) 1700 Linden Ave

M. D. F. 1268-9

F 10399

10399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 453 Putnam Place St., 12 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert L Samsel

(a) Residence: No. 453 Putnam Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of 53 years

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P R R 0073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Samsel

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Coogan

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs R. J. Samsel
(Address) 453 Putnam Place

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date March 9 1935

19. UNDERTAKER Mary M. Wiedefeld
(Address) 501 E. 32nd St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/5 1935 to 3/5 1935

I last saw h alive on 3/5 1935 Death is said to have occurred on the date stated above, at @ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3/5/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Weiss M. D.

(Address) 1716 E Calvert St

M. D. B 1268-9

F 10400

10400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J Lanagan.

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) 12/17/63.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Patrick Lanagan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Margaret Shirley.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Mar 8, 1935

19. UNDERTAKER May M Wedefeld
(Address) 201 E 22nd St

FILED 7-1935 Hunington Williams, Registrar.
6 Recorded

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/5, 1930

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1934 to 8/5, 1930

I last saw him alive on 8/5, 1930 Death is said to have occurred on the date stated above, at 7:46 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 10401

10401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. James J. O'Connor

(a) Residence: No. St. Ann's Rectory, 528 E 22 nd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 1, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C. Church

10. Date deceased last worked at this occupation (month and year) March 4, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Patrick O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Keane

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Sister Mary P. Connor

(Address) Washington D C

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date March 9, 1935

19. UNDERTAKER Wash D C Neary Mc Medfield

(Address) 501 E. 22nd St

20. FILED , 19 Registrar.

7-1935 APR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935 to March 6, 1935

I last saw him alive on March 6, 1935. Death is said to have occurred on the date stated above, at 7 1/2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage with Left Hemiplegia	3-4-35
Hypertension Arteriosclerotic cardiovascular disease	1928

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Alfred Charles Moore, M. D.

(Address) Mercy Hospital.

M. D. B. 1268-6 F 10402

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10402

CERTIFICATE OF DEATH

X ✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospt., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Eastman

(a) Residence: No. Laurel, Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of James B. Eastman

6. DATE OF BIRTH (month, day, year) May 28, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockville, Md.

FATHER

13. NAME Christian Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Wade

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James B. Eastman

(Address) Laurel, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Va. Date Mar. 11 1935

19. UNDERTAKER E. Wm. Donaldson

(Address) Laurel, Md.

FILED MAR 8 - 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1935 to 3-7 1935

I last saw her alive on 3-7 1935. Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
Other contributory causes of importance: Bronchopneumonia	3-3-35

Name of operation Appendectomy Date of 3-1-35

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Philip A. Insley

(Address) Md. Gen. Hosp.

M. D. P. F. 10-9 F 10403

F 10403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William D. Beall

(a) Residence: No. 506 San Sebastine Rd. Towson, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. W. D. Beall

6. DATE OF BIRTH (month, day, year) Nov 17, 1862

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	72	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M E Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME James Henry Beall

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Morgan

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hosp. Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Town Date Mar 10 1935

19. UNDERTAKER Wm. C. Beach & Son

(Address) Towson Md

20. FILED 19 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 . 1935 to March 7 . 1935

I last saw him alive on March 7, 1935. Death is said to have occurred on the date stated above, at. 7 35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance:	
Acute appendicitis	2 mo
Benign Prostatic hyper trophy	0
& appendectomy	
Name of operation Urethral Resection	Date of 1-8-35 2-5-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

M. D. P. 1268-9

F 10404

F 10404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121-140

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Gertrude Renner

(a) Residence: No. 1011 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Gordon L. Renner

6. DATE OF BIRTH (month, day, year) Nov 13th 1917.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Wolf

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Gordon L. Renner

(Address) 1011 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 9th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED 3-8-1935 H. Fenton Williams M.D. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 2-19-35. 19 ... to 3-7-35. 19 ...

I last saw her alive on 3-2-1935 . 19 ... Death is said to have occurred on the date stated above, at 1:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Broncho-Pneumonia	

Other contributory causes of importance:

Generalized Peritonitis due to an Acute purulent Perforated ... punctures

Patient 4 months pregnant aborted 2-22 It was due to Appendectomy. Date of 2-19-35

Name of operation Appendectomy. Date of 2-19-35

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Milton Lewis M.D.

(Address) W. B. & N.

M. D. P. Form 10405 F 10405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 189 Gettings Ave St., 47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or Town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida M Ball

(a) Residence: No. 189 Gettings Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Frank S. Ball

6. DATE OF BIRTH (month, day, year) Feb 16th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	——	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Lewin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Cora M. Goodwin
(Address) 189 Gettings Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Feb 9 /35

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED MAR 8 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to Mar. 6 1935

I last saw her alive on Mar. 6 1935. Death is said to have occurred on the date stated above, at 8 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Arter Sclerosis mo	1042

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H C Hess M. D.

(Address) 5200 York Rd

INSTRUCTIONS—Information is very important. See instructions on back of certificate.

M. D. F 10406 F 10406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. Edgewood Sanitarium Bellona Ave. Govans St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Dabney

(a) Residence: No. 205 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of Pete Robert L. Dabney

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Dr. Robert H. Norfoot
(Address) 1919 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Date Jan. 17, 19

19. UNDERTAKER Harry A. Kutz
(Address)

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18 . 1934 to 3/6/35 . 19

I last saw her alive on 3/5/35 . 19 . Death is said to have occurred on the date stated above, at 1.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/5/35
Other contributory causes of importance: Chronic Nephritis Hypertension	2 / 1

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

3/7/35 (Signed) E. Kelly Hennessy M. D.
(Address) 2000 Hollins St.

FEB 1935

F 10407

F 10407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1927 Homewood Ave. 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Woodeu

(a) Residence: No. 1927 Homewood Ave. St., Ward. 9th

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~divorced~~ (or) WIFE of Edward Woodeu

6. DATE OF BIRTH (month, day, year) July 16th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— ood

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John C. Valentine

14. BIRTHPLACE (city or town) (State or country) Hackinsack N. J.

MOTHER

15. MAIDEN NAME Sophia Hartzel

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Dr. John N. Wooden

(Address) 204 Morris Building

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 8th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED MAR 9 - 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5th 1935

22. ~~February~~ ~~March~~ 27th 1935 to March 5 1935

I last saw h alive on 19 Death is said to have occurred on the date stated above, 12 m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Endocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard E. Woodeu M. D.

(Address) 1530 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

F 10408

M. D. P. 1935-10408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 873

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 333 E. 28th St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry G. Lowwer
(a) Residence: No. 333 E. 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~wife~~ Anna Lowwer

6. DATE OF BIRTH (month, day, year) Dec 25th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City
10. Date deceased last worked at this occupation (month and year) Oct 1934
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

FATHER
13. NAME Conrad Lowwer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Wecker
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Lowwer
(Address) 333 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 9th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1934 to Mar 6, 1935
I last saw him alive on Mar 6, 1935 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paraplegia	
Other contributory causes of importance: Arteriosclerosis (General + Cerebral)	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
(Address) 4506 Harford Road

OCCUPATION is very important. See instructions on back of certificate.

Y 3.3

M. D. P. 7268-9

F 10409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10409

CERTIFICATE OF DEATH

V 48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 N. Pearl St., 4 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Fehn

(a) Residence: No. 8 N. Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of: John E. Fehn

6. DATE OF BIRTH (month, day, year): April 1st 1882

7. AGE: Years 52 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

FATHER

13. NAME: Jacob Butcher

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Annie Booth

16. BIRTHPLACE (city or town) (State or country): Hancock Md

17. INFORMANT: Mrs Ferdinand Walsh

(Address): 120 London Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Mar 9th 1935

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED ... 19... Sept. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17 1934 to March 6 1935

I last saw her alive on March 5, 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1933.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

MAR 8 1935

F 10410

M. D. P. 1788-B

F 10410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Lexington St., 18 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Foard

(a) Residence: No. 707 Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Mar.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Maggie Foard
(Address) 707 Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mch 8, 1925

19. UNDERTAKER Thos. A. Wilson
(Address) 1811 Pennsylvania Ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1925

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1924, to March 7, 1925.

I last saw h alive on March 6, 1925. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	?
Pulmonary Edema	

Other contributory causes of importance:

No

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MAR 8 1925

F 10411 F 10411

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 122-a

1. PLACE OF DEATH Good Shepherd Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1560 E. N. Gilmor St., 5 Ward)

Length of residence in city or town where death occurred None yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lawson Brooks

(a) Residence: No. Brooklyn Md St., Ward. A. A. Co. Md (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Rebecca Brooks

6. DATE OF BIRTH (month, day, year) 6/16/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	72	7 8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Brooklyn Maryland

FATHER

13. NAME John Brooks

14. BIRTHPLACE (city or town) (State or country) Brooklyn Maryland

MOTHER

15. MAIDEN NAME Elizabeth Taylor

16. BIRTHPLACE (city or town) (State or country) Brooklyn Maryland

17. INFORMANT Mazzie Brooks

(Address) 2314 Elmwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Williams Cemt. Date Mch 8th 35 19..

19. UNDERTAKER Elroy J. Wilson

(Address) 1006 Brantley Ave

20. FILED ... 19.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/9 1934 to 3/4 1935

I last saw h... alive on 3/4 1935 Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 2 days

Other contributory causes of importance:

Urinal Uremia (Prostatitis) — 4 yrs 1 yr

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson M.

(Address) 1122 Baker St

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. No. F 10412

F 10412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Smith

(a) Residence: No. 107 Biddle St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mary Smith

(Address) 107 Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Cem. Date March 9 1935

19. UNDERTAKER Joachim Halstead

(Address) 90 S. Broadway

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7- 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-28- 1935 to 3-7- 1935

I last saw her alive on 3-7- 1935 Death is said to have occurred on the date stated above, at 2 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pt. Lobar Pneumonia	2-24-35
Other contributory causes of importance:	

Name of operation ..... Date of 20

What test confirmed diagnosis Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Calvin B. Fellows M. D.

(Address) Provident Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 6.3

Spec.—8-16-29-4-[illegible] Blks.

F 10413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1—PLACE OF DEATH S E cor Wilson & Park Ave. REGISTERED NO. F 10413

CITY OF BALTIMORE: (No. Plaza Apartments ST., 11th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Henry Janney

(a) RESIDENCE NO. Plaza Apartments ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Brooks Janney

6 DATE OF BIRTH (month, day, and year) April 25/1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	10	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Banker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington DC.

PARENTS

10 NAME OF FATHER Henry Janney

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Hannah R Schofield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington DC

14 Informant Miss Rhida Janney
(Address) Plaza Apartments

15 Filed ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 7-1935

17 I HEREBY CERTIFY, That I attended deceased from March 7, 1935, to March 7, 1935, that I last saw him alive on March 7, 1935, and that death occurred, on the date stated above, at 11 55 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage -

(duration) ... yrs. mos. 3 hours

CONTRIBUTORY (Secondary) Art. Sclerosis.

(duration) 20 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Bedside findings

(Signed) A. F. Robinson M. D.

3/8 1935 (Address) Medical Arts Building

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friends Burial Ground

DATE OF BURIAL March 9 1935

20 UNDERTAKER Chas. E. Foanch & Son

ADDRESS Madison Ave

Important. See INSTRUCTIONS on back of certificate.

M. D. F. 1268-9

F 10414

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10414

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Hanover St. St., 23 Ward)

Length of residence in city or town where death occurred 67 yrs. 11 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora E. Discher.

(a) Residence: No. 1715 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick W. Discher

6. DATE OF BIRTH (month, day, year) April 6-1867.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Baumann.

14. BIRTHPLACE (city or town) (State or country) Gemry

MOTHER

15. MAIDEN NAME Mary Wibking

16. BIRTHPLACE (city or town) (State or country) Germy.

17. INFORMANT Carl H. Discher.
(Address) 1715 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Wed 9th ... 1935

19. UNDERTAKER Eschlemann & Son
(Address) 1039 Hanover St.

8 1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6 ... 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 5 ... 1934 to Mar. 6 ... 1935

I last saw HER alive on Mar. 6 ... 1935. Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Indef
Other contributory causes of importance: Diabetic Coma	3/5/35

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) R. L. Campbell M. D.

4/9/35 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B. 1268-9

F 10415

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10415

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 McHenry St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles J. Reich.

(a) Residence: No. 1701 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Katherine Reich.

6. DATE OF BIRTH (month, day, year) Apr 29-1870.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	10	7.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leather goods

10. Date deceased last worked at this occupation (month and year) 3 yrs

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Reich.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME — Stars.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. K. Reich.
(Address) 1701 McHenry St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 3/11/35 19

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St

20. FILED ..... 19..... Registrar.

C-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1935 to Mar 7, 1935

I last saw him alive on Mar 6, 1935. Death is said to have occurred on the date stated above, at 7 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	Feb 25
Uremia.	Feb 35
Myo cardial failure	7 Mar 35
Other contributory causes of importance:	
Nephritis.	4 yrs -
Arterio sclerosis.	7 years
Hypertension.	7 years

Name of operation None Date of no

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19.....

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) James W. Nelson, M. D.

(Address) 1120 St Paul St.

AACo. 5-31 250M

F 10416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10416

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Brunswick St. St., 20 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 68 yrs. ... mos. ... ds.

2. FULL NAME Fannie Sinclair.

(a) Residence: No. 523 Brunswick St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Sinclair.

6. DATE OF BIRTH (month, day, year) January 15-1857.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	1	19 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work - At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

MOTHER FATHER

13. NAME William Dyson.

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT William F. Sinclair.
(Address) 523 Brunswick St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery. Date March 8- 1935.

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED ..., 19... Registrar.

R 8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to March 6, 1935

I last saw h.. alive on March 5 1935 death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March-35

Other contributory causes of importance:

Pulmonary Edema	March-35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

M.D. (Signed) Harry Glassman M.

(Address) 753 W. Fayette

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. & Co., Balto. F 10417

F 10417

94-a

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2415 Arbutus Ave ST. 25th WARD)

2—FULL NAME Bertha Elizabeth Hughes

(a) RESIDENCE NO. 2415 Arbutus Ave. ST. 25th WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced (or) WIFE of Wm B Hughes.

6 DATE OF BIRTH (month, day, and year) Aug 5, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Madison Md.

PARENTS

10 NAME OF FATHER Ezra Tall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Wm B Hughes

(Address) 2415 Arbutus Ave.

15 Filed 8 1935, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 6, 1935

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1935, to Mar 6, 1935, that I last saw h-e alive on Mar 6, 1935 and that death occurred, on the date stated above, at 2.30 P. m.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Acute ~~Cardiac~~ Coronary Thrombosis

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted If not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H Hamilton Wheeler M. D.

3/6, 1935 (Address) 2410 Hoeltus Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem.

DATE OF BURIAL 3/9 1935

20 UNDERTAKER J. Fred McCully

ADDRESS 1306 E. Fo...

Important. See instructions on back of certificate.

M. D. B. 1268-9

F 10418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10418

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 East 32nd St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma A. Dearing

(a) Residence: No. 1706 East 32nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Dearing

6. DATE OF BIRTH (month, day, year) March 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Lang

14. BIRTHPLACE (city or town) (State or country) Germany ?

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine L. Dearing

(Address) 1706 East 32nd st

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery Date March 9, 1935

19. UNDERTAKER Chas. F. Black

(Address) 742 W. Pratt ave

9 FILED 1935, 19..... Registrar.

8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7th, 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 8th, 1935, to March 7th, 1935

I last saw h E alive on March 6th, 1935. Death is said to have occurred on the date stated above, at 7-40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	March 7/35

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Emma F. Guerin, M. D.

(Address) 1760 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

V-934

M. D. B. 1268-9

F 10419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10419

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Broadway St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Norman Smitzer

(a) Residence: No. 1029 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 22 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 69 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Smitzer

14. BIRTHPLACE (city or town) (State or country) Howard County Md.

MOTHER

15. MAIDEN NAME Elizabeth M. Steal

16. BIRTHPLACE (city or town) (State or country) Wittenberg Germany

17. INFORMANT Alfred J. Rudy

(Address) 3006 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

London Park Cemetery Date Feb 8 1935

19. UNDERTAKER Chas. G. Black

(Address) 742 W. Lexington St

Huntington Ave

20. FILED 8-1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1923 to March 6 1935

I last saw h.. alive on March 6 1935 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute Stomach	Jan 1-25
Cardiac Arrhythmia	Dec 1-33
Other contributory causes of importance	
Cardiac Stasis	Feb 1-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Hamilton M. D.

(Address) 649 Mt. Vernon Pl.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-9

F 10420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10420

CERTIFICATE OF DEATH

~ 159

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Catonsville Ave. St., 90 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 Hours ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy. Priebe

(a) Residence: No. 3322 Strickland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 3-7-35

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or 31 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) St. Agnes Hosp. (State or country) Baltimore, Md.

FATHER

13. NAME Henry Priebe

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

MOTHER

15. MAIDEN NAME Josephine Priebe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Henry Priebe

(Address) 3322 Strickland St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 9. 35

19. UNDERTAKER J. H. Tucker & Sons

(Address) 1400 Eutaw Pl.

Huntington Maryland

20. FILED 1935 . 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7- . 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-6- . 1935 to 3-7- . 1935

I last saw him alive on March 7 1935 Death is said to have occurred on the date stated above, at 12 55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (Cesarean Section)	3-6-35

Other contributory causes of importance:

Name of operation Cesarean Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 10421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10421

✓ 149-a-82B

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Hilton Ave. Ward) 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Josephine Priebe

(a) Residence: No. 3822 Strickland St., Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Priebe

6. DATE OF BIRTH (month, day, year) August 2 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ? Lewis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Workinson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Henry Priebe

(Address) 3822 Strickland St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Mar 9 1935

19. UNDERTAKER J. J. Tiberghien Inc.

(Address) 1 La Fayette Ave.

20. FILED 8-1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7-1935

22. I HEREBY CERTIFY, That I attended deceased from March 4 1935 to March 7 1935

I last saw her alive on March 7 1935 Death is said to have occurred on the date stated above, at 12 50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3-4-35
Hemiplegia, Aphasia, Coma	

Other contributory causes of importance:

Pregnancy - 7½ mos.

Name of operation Cesarean Section Date of 3-6-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St Agnes Hospital

M. D. R. 1268-9

F 10422

F 10422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2844 Woodbrook Avenue St., 13 Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William G. Wenchine

(a) Residence: No. 2844 Woodbrook Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lily R. Wenchine

6. DATE OF BIRTH (month, day, year) Jan. 11th, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John R. Livezey

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newark N.J.

FATHER

13. NAME George Wenchine

14. BIRTHPLACE (city or town) (State or country) Wales Gr. Br.

MOTHER

15. MAIDEN NAME Nellie Groham

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Lily Wenchine 2844 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Mar 8, 1935

19. UNDERTAKER (Address) Wm J. Tucker & Sons North & Arunah Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from MAY ..... 1934 to MARCH 6 1935

I last saw h/ALIVE on MARCH 6 ..... 1935 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	3 yrs?
Nephritis	?

Other contributory causes of importance:

Cerebral Hemorrhage	3 hours

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ralph J. Hills M. D.

(Address) 18 E Eager St Balto

OCCUPATION is very important. See instructions on back of certificate.

V 6-3

M. D. B. 1268-9

F 10423

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10423

CERTIFICATE OF DEATH

K V 54-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Redwood & Greene St. 4 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Linda Vandegrift

(a) Residence: No. Elkton Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) April 15 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Castle Delaware

FATHER

13. NAME James L Vandegrift

14. BIRTHPLACE (city or town) (State or country) Chesapeake City Md.

MOTHER

15. MAIDEN NAME Emma Candell

16. BIRTHPLACE (city or town) (State or country) New York City N Y

17. INFORMANT (Address) David S Vandegrift Elkton Md. R D 2

18. BURIAL, CREMATION, OR REMOVAL. Place St Augustine Date June 11, 1935

19. UNDERTAKER (Address) H. H. Pippin & Sons Inc Elkton Md. Funeral Director N.B. Licensed by Maryland State Board of Embalming

20. FILED JUN 1935, 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1935, to 3-7, 1935

I last saw her alive on 3-7, 1935. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Uremia	

Other contributory causes of importance:

Supravaginal hysterectomy for fibroid	2-26-35

Name of operation Supravaginal Hysterectomy Date of 2-26-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W L Fearing, M. D.

(Address) Memorial Hospital

M. D. P. 1934 F 10424

F 10424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Madeira St. St., 1 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Kowalewska (Libert)

(a) Residence: No. 210 S. Madeira St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Kowalewski

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Golembiewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Andrew Kowalewski
(Address) 210 S. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Mch. 9 1935

19. UNDERTAKER Fred W Grazewski
(Address) 1930 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933 19 to March 3 1935

I last saw h[illegible] alive on March 3 1935 Death is said to have occurred on the date stated above, at 11.30 p m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with metastasis.	

Other contributory causes of importance:

General debility

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Legg M. D.

(Address) 63 W Eastern Ave

M. D. B. 1263-9

F 10425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10425

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1910 N. Collington Ave

Length of residence in city or town where death occurred 53 yrs. 9 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Joseph Schwartz

(a) Residence: No 1910 N. Collington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna S. Schwartz

6. DATE OF BIRTH (month, day, year) June 7 1881

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	53	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Barney Schwartz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josie Pennington

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Anna S. Schwartz

(Address) 1910 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 9, 1935

19. UNDERTAKER Sol Sanders & Son

(Address) 1217 E. Baltimore Ave

Funeral Home

20. FILED Mar 8-1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/18, 1935 to 3/6, 1935

I last saw h. alive on 3/3, 1935 Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	(?)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. T. Bispham M. D.

(Address) 1326 W. Lombard St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

F 10426 F 10426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 W Lexington St. WARD) 18

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sam Peterson

(a) RESIDENCE NO. 1203 W Lexington St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widower

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Sarah Peterson

6 DATE OF BIRTH (month, day, and year) - - 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	-	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) S. C

PARENTS

10 NAME OF FATHER Thos Peterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C

12 MAIDEN NAME OF MOTHER Alice Cole

13 BIRTHPLACE OF MOTHER (city or town) (State or country) SC

14 Informant Alice Saunders

(Address) 1203 W Lexington St

Filed Mar 8, 1935 Huntington Pharmacy, Inc. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 5, 1935

17 I HEREBY CERTIFY, that I attended deceased from Feby 27, 1935, to March 5, 1935.

that I last saw him alive on March 4, 1935

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ....yrs. ....mos 6 ds.

CONTRIBUTORY (Secondary) —

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. A. Fabell M. D.

Mar 7, 1935 (Address) 201 W Barre[illegible] Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL Mar 9, 1935

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N Schroeder St

TION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 10427

F 10427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N. Fremont Ave 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Beckles

(a) Residence: No. 104 N. Fremont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

FATHER

13. NAME

14. BIRTHPLACE (City or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Annie Sutro

(Address) 104 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 9, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Edwards St

20. FILED MAR 8 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Zeller, M. D.
Coroner

(Address) 739 Eastern Ave

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1353 Ward St., 21 Ward)

Registered No. F 10428

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lambert Butler

(a) Residence: No. 1853 Ward St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Ella Butler

6. DATE OF BIRTH (month, day, year): Jan 22d 1879.

7. AGE: Years 56 | Months 1 | Days 11 | If LESS than 1 day, hrs. or min. 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common Labor

10. Date deceased last worked at this occupation (month and year): Dec 1934

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Maryland

FATHER

13. NAME: Wilson Butler

14. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Maryland

MOTHER

15. MAIDEN NAME: Caroline

16. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Maryland

17. INFORMANT: Ella Butler (Wife)

(Address) 1353 Ward St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 10, 1935

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED Mar 9 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 29th 1935 to March 5th 1935

I last saw him alive on Mar 5th, 1935. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	1935
following Influenza	

Other contributory causes of importance:

Influenza	1/1935

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. T. Grayson M. D.

(Address) 622 N. Arlington Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10429

F 10429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× ✓ 108

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. 1 St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Gough

(a) Residence: No. Salisbury, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Jane Gough

6. DATE OF BIRTH (month, day, year) Sept. 8, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 55	5	7 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Pie Co. 6 6

10. Date deceased last worked at this occupation (month and year) Feb. 1935

11. Total time (years) spent in this occupation 8mo.

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Gough

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Haines

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Mar. 9. 1935

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway

20. FILED 3-8-1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-3, 1935 to 3-7, 1935

I last saw h alive on 3-6, 1935 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - (pneumococcus)	3-3-35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard R. Rupert, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9 Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10430

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3211 Monroe St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C. Boston

(a) Residence: No. 3211 Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Boston

6. DATE OF BIRTH (month, day, year) Sept 20/1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	13	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel A Boston

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Dorothy Arron

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Fannie Boston Wife
(Address) 3211 Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Mar. 8 1935

19. UNDERTAKER Lilly & Zeller Inc
(Address) 4035 Park Ave

20. FILED MAR 8 1935, 19 Huntington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1934, to March 5 1935

I last saw h alive on March 4 1935. Death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	March 5/35

Other contributory causes of importance:

Arteria Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fannie Boston M. D.

(Address) 1900 Eastern Ave

F 10431

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10431

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. Highland Ave Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M Schmidt

(a) Residence: No. 215 S. Highland Ave St., Ward.
(Usual place of abode) 50 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry C. P. Schmidt

6. DATE OF BIRTH (month, day, year) Sept - 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Caroline L. Schmidt
(Address) 215 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mar 7 - 1935

19. UNDERTAKER Lilly & Zile Inc
(Address) 713 N. Carrollton Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 . 1934 to March 5 . 1935

I last saw her alive on March 5 . 1935 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan. 1934

Other contributory causes of importance:

Pulmonary Edema (terminal)	24 hours.

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry P. Kelly M. D.

(Address) 2504 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

Spec.—8-16-29—L. P. S.—100 Blks.

F 10432

F 10432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-E

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 O'Donnell ST., 1st WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Albert Schenning

(a) RESIDENCE NO. 2918 O'Donnell ST., 1st WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 Yrs. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, ~~widowed or divorced~~ ~~HUSBAND of~~ ~~(or) WIFE of~~ husband of Anna Loeffler

6 DATE OF BIRTH (month, day, and year) Nov 19 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	15 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ticket taker at Theatre

(b) General nature of industry, business, or establishment in which employed (or employer) formerly Milk route

(c) Name of employer Embassy Theatre

9 BIRTHPLACE (city or town) (State or country) Buffalo N York

PARENTS

10 NAME OF FATHER Henry Schenning

11 BIRTHPLACE OF FATHER (city or town) (State or country) not known Germany

12 MAIDEN NAME OF MOTHER Mary - (Blick?)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known Germany

14 Informant Mrs. Anna Schenning

(Address) 2918 O'Donnell St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 6 '35

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1934, to March 6, 1935, that I last saw h— alive on March 6, 1935, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute endocarditis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Hepatic Carcinoma (duration) not known yrs. mos. ds.

18 Where was disease contracted if not at place of death? x

Did an operation precede death? no Date of x

Was there an autopsy? no

What test confirmed diagnosis? x

(Signed) [illegible], M. D.

3/7/1935 (Address) 1010 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem.

DATE OF BURIAL 3/11/35 19

20 UNDERTAKER Tally & Zeiler

ADDRESS 462 N Eden St

important. See instructions on back of certificates.

M. D. B. 1268-6

F 10433

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10433

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Delany

(a) Residence: No. 369 Leo St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James Delany

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Elizabeth Kozlowska

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 3/9/35, 19

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1311 E. Eager St.

20. FILED 3-8-1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-6-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-5-35, 19, to 3-6-35, 19

I last saw him alive on 3-6-35, 19 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho-pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Therese A. Schwartz, M. D.

(Address) c/o Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

F 10434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10434

11-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1520 Aisquith St. (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Johnson

(a) Residence: No. 1520 Aisquith St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James W. Johnson (deceased)

6. DATE OF BIRTH (month, day, year) ...

7. AGE: Years 73 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Antrim

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Antrim

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Carrie Anderson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 3/11 1935

19. UNDERTAKER: Walter B. Young

(Address) 394 W. Hoffman St.

Filed ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7, 1935

22. I HEREBY CERTIFY, That I attended deceased (from) Feb 19, 1935 (to) Mar 7, 1935

I last saw her alive on Mar 6, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset ...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If any, specify ...

(Signed) W. J. Colegrove M. D.

(Address) 2439 The Alameda

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 8-1935

M. D. P. 1268-9

F 10435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10435

CERTIFICATE OF DEATH

5-1 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyndenbaum Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. If not in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Marchand

(a) Residence: No. 1114 E Balto. St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Feb. 15, 1902.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor Bureau

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cafe

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mass.

FATHER

13. NAME: Joseph Marchand

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Elmira Napoleon

16. BIRTHPLACE (city or town) (State or country): Mass

17. INFORMANT: M. P. Marchand

(Address) 28 L St. Brockton Mass

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 7-8, 1935

19. UNDERTAKER: John E. Reilly

(Address) 2435 E Monument St

20. FILED MAR 8 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1935 to March 4, 1935

I last saw h alive on March 4, 1935 Death is said to have occurred on the date stated above, at 4:40 P.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus Meningitis — Date of onset 2/26/35

Cerebro Spinal Meningitis — 3/1/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Dwight E. Bryant M. D.

(Address) Lyndenbaum Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 10436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10436

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1903 Mosher St., 16 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorena Wells

(a) Residence: No. 1903 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fml | 4. Color or Race: Col'd | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of: Joseph Wells

6. DATE OF BIRTH (month, day, year): Jan 1 1913

7. AGE: Years 22 | Months 2 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Council N. B.

FATHER

13. NAME: Jer McLeod

14. BIRTHPLACE (city or town) (State or country): N. B

MOTHER

15. MAIDEN NAME: Katie Hawkins

16. BIRTHPLACE (city or town) (State or country): N. B.

17. INFORMANT: Katie McLeod

(Address): 1903 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Mar 8, 1935

19. UNDERTAKER: Thomas E. Kelson

(Address): 1383 Pennsylvania Ave

20. FILED: MAR 8 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.. to ....., 19..

I last saw h... alive on Sunday. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

(Date of onset)

Tuberculosis of bowel

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Regular there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Luck M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

MAR 8 1935

M. D. P. 1268-9

F 10437

10437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 Gorman ave 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Riebert

(a) Residence: No. 21 Gorman ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Chas. Riebert

6. DATE OF BIRTH (month, day, year) Jan. 29. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Neuman

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ——

17. INFORMANT Mrs Mary Holland

(Address) 21 Gorman ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 9. 1935

19. UNDERTAKER John J. Emig Jr. Inc

(Address) 2210 Eutaw St

20. FILED MAR 9 1935 21 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1935 to Mar 6 1935

I last saw h[illegible] alive on Mar 6. 1935 Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with Metastases	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas L Carlson M. D.

(Address) 2145 N Balto St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10438

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH — Pronounced dead at

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Grace R. Alt.

(a) Residence: No. 913 S. Paca St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, (Wife) of George Alt.

6. DATE OF BIRTH (month, day, year) April 20, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	14/6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Frederick Boyd.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary K. Kiehlholtz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT George Alt. (husband)

(Address) 913 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date March 8, 1935

19. UNDERTAKER Bernard J. Haufe

(Address) 1000 S. Paca St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

3/7/35 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10439

10439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 178 S. Register St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary D Kehl

(a) Residence: No. 178 S. Register St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil Kehl

6. DATE OF BIRTH (month, day, year) Dec 7 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	36	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls Md

FATHER

13. NAME Henry W Ritter

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Barbara Lenk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emil Kehl
(Address) 128 S Register St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 11, 1935

19. UNDERTAKER Martin K. E. Dippel
(Address) 31 S Arch St

20. FILED 3-8-1935 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O O Herzog M D Coroner

(Address) 1305 N Patterson Park

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

10440 F 10440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 23 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Anita Flemister

(a) Residence: No. 1313 Clarkson St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 6, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas E. Flemister

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia Harris.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas E. Flemister

(Address) 1313 Clarkson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date March 1935

19. UNDERTAKER E & B Kahn

(Address) 115 E Lexington St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935, to March 7, 1935

I last saw her alive on March 7, 1935 Death is said to have occurred on the date stated above, at 6 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia bilateral (type not determined)	2-24-35

Other contributory causes of importance:

Malnutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Hurwitz, M. D.

(Address) Sinai Hospital

V. S. 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible] F 10441

F 10441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 E. Fairmount Ave St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella E Russo

(a) Residence: No. 3405 E Fairmount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Russo

6. DATE OF BIRTH (month, day, year) July 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68 67	68	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hebbsville Md

FATHER

13. NAME Briney O'Fallon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bernie Russo

(Address) 3405 E Fairmount

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer March 9-1935

(Place) (Date) 19

19. UNDERTAKER Jos J Stevenson

(Address) 1326 N Fulton Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P A Peterson MD Coroner M. D.

(Address) 1306 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10442

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3130 Strickland St., 20 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Margaret Hanitsch

(a) Residence: No. 3130 Strickland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hanitsch

6. DATE OF BIRTH (month, day, year) Jan. 19 - 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

FATHER

13. NAME Michael Dill

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George N. Dill

(Address) 3130 Strickland St

18. BURIAL, CREMATION, OR REMOVAL

Place Salem Cemetery Date Insrhg. 1935

19. UNDERTAKER George L. Lehnert

(Address) 701 Fredrick Ave

20. FILED Mar 8 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 1935

22. I HEREBY CERTIFY, That I attended deceased from December 17 1931 to March 6 1935

I last saw her alive on March 4 1935. Death is said to have occurred on the date stated above, at 3.20a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general	1931
Cardio Renal disease	1904
Myocardial degeneration	February 1935
Other contributory causes of importance: Thrombo angiitis Obliterans	Feb 1931

Name of operation Amputation Right leg Date of Feb 1 1934

What test confirmed diagnosis? Present Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Elias Wechsler M. D.

(Address) 3432 Fredrick Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter OCCUPATION in every case. OCCUPATION is very important. See instructions on back of certificate.

R 3-8-1935 V S 3

M. D. B. 1268-9

Initial Re. ✓ F 10443

10443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 122-B

Registered No. 5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 34 yrs. ... mos. ... ds.

2. FULL NAME Michael Le

(a) Residence: No. 3067 N. Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~: Rosie Le

6. DATE OF BIRTH (month, day, year): March 19, 1867

7. AGE: Years 67 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ——

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Marco Le

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Josephine

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: March 9 1935

19. UNDERTAKER: Frank Della Rocca

(Address): 52 N. Motley St.

20. FILED: MAR 8 1935

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): March 6, 1935

I HEREBY CERTIFY, That I attended deceased from March 5, 1935 to March 6, 1935

I last saw him alive on March 6 1935 Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction Intestinal	March 5
acute - Ileum	

Other contributory causes of importance: Adhesive appendicitis ?

Name of operation: Intestinal Resection Date of March 6/35

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel H. Gant M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-6

0444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10444

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Annapolis St. 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 0 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Josath Eugene Démély

(a) Residence: No. 2217 Annapolis Rd St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Oct 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor Fin Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fin Mills

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) White Mills Wayne Co Pennsylvania

FATHER

13. NAME Joseph Démély

14. BIRTHPLACE (city or town) (State or country) Monthey Duvaudis Switzerland

MOTHER

15. MAIDEN NAME Elizabeth Richard

16. BIRTHPLACE (city or town) (State or country) Monthey Duvaudis Switzerland

17. INFORMANT Emile Demely (Brother)

(Address) 2217 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Mar. 9 19 35

19. UNDERTAKER Josiah Syfer

(Address) 1620 N. North Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 March 1935

22. I HEREBY CERTIFY, That I attended deceased from 8 Oct 1934 to 7 March 1935

I last saw him alive on 6 March 1935 Death is said to have occurred on the date stated above, at 1020 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Long duration

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Caldwell Woodruff M. D.

(Address) Linthicum Heights Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 8-1935

M. D. F. 1268-9

10445

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10445

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2242 W. Baltimore St St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry H. Haugh

(a) Residence: No. 2242 W. Baltimore St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella H. Haugh

6. DATE OF BIRTH (month, day, year) Oct. 13, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. S. Abell Co.

10. Date deceased last worked at this occupation (month and year) 03

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Talbert Haugh

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Linah

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ella H. Haugh

(Address) 2242 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date March 9, 1935

19. UNDERTAKER Harry A. Quinlan

(Address) 4101 Edmondson Ave

20. FILED MAR 8 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1- 1935 to March 6- 1935

I last saw him alive on March 6 1935 Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	1930

Other contributory causes of importance:

Dilatation of Aorta

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Carlson M. D.

(Address) 2145 N Calvert St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10446 ✓ F 10446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Wilmington Ave. St., 25 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Shipley

(a) Residence: No. 1020 Wilmington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha J. Shipley (nee Creamer)

6. DATE OF BIRTH (month, day, year) Sept. 5, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Shipley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Martha J. Shipley
(Address) 1020 Wilmington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 9, 19 35

19. UNDERTAKER Frank A. Kurtz
(Address) 1101 Aisquith St.

20. FILED MAR 6 1935 Hamilton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1935, to March 6th, 1935. I last saw him alive on March 6th, 1935. Death is said to have occurred on the date stated above, at 3:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	6 days
post mortem	
Other contributory causes of importance:	
Senile arteriosclerosis	?

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Frederick V. Boulger, M. D.

(Address) Medical Arts Bldg. Broad & Mt. Royal Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10447 ✓ F 10447

29617 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 78

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 3 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Barrett

(a) Residence: No. 157 Euclid ave St. Ridgefield Park Ward. New Jersey

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-19-11

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Patrick Barrett

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Farley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Newark N.J. Date March 8 1935

19. UNDERTAKER John C. Miller

(Address) 2435 E. Oliver St

20. FILED MAR 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1935, to March 8, 1935

I last saw him alive on March 8, 1935. Death is said to have occurred on the date stated above, at 2.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess, multiple	18 months
Meningitis, post purulent	5 days

Other contributory causes of importance:

Name of operation Drainage of brain abscess Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Edward D. Sheffard, M. D.

(Address) The Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. 1268-9

F 10448

10448 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 S Paca St., 22 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Wagner

(a) Residence: No. 617 S Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1-11-1856

7. AGE: Years 79 | Months 1 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Charles Wagner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Kunigunda Wirt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. J Schmidtlein

(Address) 617 S. Paca St. Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Glen Rock Pa Date 3/10 19 35

19. UNDERTAKER: J. H. Gitt and Son

(Address) Glen Rock Pa

20. FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/2/ 1935 to 3/8/ 1935

I last saw h[illegible] alive on 3/7/ 1935. Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	prior to
Cardiac arthma	3/2/35
Other contributory causes of importance:	
Pulmonary oedema	3/8/35
Cardiac decompensation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George A Dawson, M. D.

(Address) 1517 E. North Ave.

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 2-1935

M. D. F. No. 9 F 10449

F 10449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 W. North Ave St., 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie May Williams Van Deniker

(a) Residence: No. 1615 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (or) WIFE of Owen W. Van Deniker

6. DATE OF BIRTH (month, day, year) 1870

7. AGE: Years 65 | Months — | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Conrad Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura Deems

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Owen W. Van Deniker

(Address) 1615 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Mar. 9, 1935

19. UNDERTAKER Mary M. Rudolph

(Address) 501 S. 22nd St

20. FILED MAR 9 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10 1932 to March 5 1935

I last saw h alive on March 5 1935. Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Endocarditis	4/1932
Arthritis Deformans	9/1932
Progressive Muscular Atrophy	1/1935

Other contributory causes (importance):

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. F. Sullivan M. D.

(Address) 1701 N. Luther Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9 F 10450 ✓ F 10450

296131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 89-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pauline Carmack

(a) Residence: No. Harmony Grove St., ... Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilson

6. DATE OF BIRTH (month, day, year): 1-27-04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 0 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Hoffman

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Helen Myers

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick Md. Date Mar. 18 1935

19. UNDERTAKER: John O. Mitchell & Son
(Address) 1900 Eutaw St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1935, to March 8, 1935

I last saw her alive on March 8, 1935. Death is said to have occurred on the date stated above, at 11 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis - Acute Streptococcal	Feb. 25
Brain Abcess	

Other contributory causes of importance:

Name of operation: Mastoidectomy Date of: 2-25-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul G. Kimball, M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AUG 1935

M. D. P. 1265-9

F 10451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10451

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Hudson St., 1 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Thomas

(a) Residence: No. 3002 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of George W. Thomas

6. DATE OF BIRTH (month, day, year) Dec 11th 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Stewart

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Moore

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Chisholm

(Address) 3002 Hudson St

18. BURIAL, CREMATION OR REMOVAL

Place Mt Carmel Date Mar 9 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan-8, 1932, to March 7, 1935

I last saw her alive on March 7, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Jan-8 1932

Other contributory causes of importance:

None

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Nathan J. Davidson M. D.

(Address) 2728 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 9

M. D. P. 1268-9 F 10452

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10452

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St., 23 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel J. Buckley

(a) Residence: No. 1750 Clarkson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word): widowed

5a. If ~~married~~ widowed, ~~divorced~~ HUSBAND of ~~WIFE of~~ Margaret Buckley

6. DATE OF BIRTH (month, day, year) Jan 28th 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	1	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ——
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Daniel Buckley
14. BIRTHPLACE (city or town) (State or country): Unknown Ireland

MOTHER
15. MAIDEN NAME: Margaret Foley
16. BIRTHPLACE (city or town) (State or country): Unknown Balto Md

17. INFORMANT (Address): Patient - Margaret Buckley 1750 Clarkson St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 11th 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-1935

22. I HEREBY CERTIFY, That I attended deceased from 8-4-35 ..... 19 ..... to 3-8-35 ..... 19 .....
I last saw him alive on 3-8-35 ..... 19 ..... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	
Other contributory causes of importance: Post-operative appendectomy	

Name of operation Appendectomy Date of 3-4-35
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Francis N. Taylor M. D.
(Address) 5 E Belt Way

Information called for on this certificate is necessary for the registration of vital statistics. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269 F 10453 ✓ F 10453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 642 George St., 17 Ward)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Catherine Ross

(a) Residence: No. 642 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal.	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamen Ross

6. DATE OF BIRTH (month, day, year) Apr 9 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Susan Howard

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lula Wilson

(Address) 642 George St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Mar. 12 1935

19. UNDERTAKER Jno. Geo. Jas. Holland

(Address) 1631 Division St Bal

20. FILED ... 19... Registrar.

MAR 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1935 to Mar 6 1935

I last saw her alive on Mar 6 1935. Death is said to have occurred on the date stated above, at 3 H m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?

Other contributory causes of importance:

Cerebral Hemorrhage	Feb 26

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) E. Wilbur Tilly M. D.

(Address) 1121 St Paul St

Information should be carefully supplied. All blanks should be filled. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9 5 3

M. D. B 12689 F 10454

F 10454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 13 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Roger Butler

(a) Residence: No. 2534 Druid Hill St. Ave Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 16 - 1934

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Aaron Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Evelyn Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. G. Butler
(Address) 2534 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemty Date Apr. 2 - 1935

19. UNDERTAKER Jno. Geo. H. Holland
(Address) 1611 Druid Hill Ave

20. FILED ....., 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 7 - , 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) Eugene Feldt, M. D.
Coroner

(Address) 739 Eastern Ave

V56 OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5M 2-35

F 10455

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10455

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital St., 18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 11 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Floyd Conway

(a) Residence: No. 1148 W Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Apr. 25 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert J. Conway

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Maria A. Fowles.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Paul W. Conway
(Address) 3025 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Mar. 11 1935

19. UNDERTAKER Wm. H. Eckert Sons
(Address) North & Fulton Aves.

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1935.

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935 to March 8, 1935
I last saw him alive on March 8, 1935 death is said to have occurred on the date stated above, at 8:17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Suppurative Appendicitis & Peritonitis	3-3-35
Other contributory causes of importance:	
Acute Myocardial failure	3-8-35

Name of operation Appendectomy Date of 3-4-35
What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John L. Van Metre M. D.
(Address) Franklin Sq Hospital.

Information should be carefully supplied. Write plainly. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10456

M. D. P. 12629

F 10456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5505 Alhambra Ave. St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard James Sunderland Jr.

(a) Residence: No. 5505 Alhambra Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21, 1930.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4	4	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Howard James Sunderland

14. BIRTHPLACE (city or town) Balto. (State or country)

MOTHER

15. MAIDEN NAME Lillian E. Ley

16. BIRTHPLACE (city or town) Balto. (State or country)

17. INFORMANT Howard J. Sunderland

(Address) 5505 Alhambra Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemy. Date March 8, 1935

19. UNDERTAKER Geo. L. Buttler

(Address) 4201 Edmondson Ave.

20. FILED ... 19... Registrar.

MAR 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1935. to Mar. 7, 1935.

I last saw h... alive on Mar. 6, 1935. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Streptococcic Sore Throat. Pneumonia

Date of onset Feb 28 -21

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. O. Hoeschen M.D. M. D.

(Address) 600 York Rd.

Information should be carefully supplied. Any answer to be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 10457

✓ F 10457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Wisteria Ave St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Montgomery

(a) Residence: No. 3107 Wisteria Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J. Montgomery

6. DATE OF BIRTH (month, day, year) August 27 1843

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
91	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Joshua Cole

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Colin

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. DeBaugh

(Address) Parkville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Waugh Church Cem. Date March 10 1935

19. UNDERTAKER Fredk. Lassiter & Son

(Address) 1401 Belair Rd.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1935 to Mar 8, 1935

I last saw her alive on Mar 7, 1935 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

& Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) C. Carroll Burnett M. D.

3/8/35 (Address) 4702 Harford Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

F 10458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10458

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2912 W.Mosher St., 16 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E.Dail.

(a) Residence: No. 2912 W.Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John S.Dail,

6. DATE OF BIRTH (month, day, year) March 28,1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co.Md.

FATHER

13. NAME James H.Hubberd,

14. BIRTHPLACE (city or town) (State or country) Dorchester Co.Md.

MOTHER

15. MAIDEN NAME Mary R.Marshall,

16. BIRTHPLACE (city or town) (State or country) Dorchester Co.Md.

17. INFORMANT Mrs Blanche M Harrison
(Address) 2912 W.Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date MAR 10 1935

19. UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 8 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb-19- 1930. to Mar. 8- 1935

I last saw her alive on Mar - 5 - 1935 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Senile Arteriosclerosis. Uncompensated Heart gradual failure Acute dilatation

Date of onset
?
Feb. 19 35
3/8/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wesley Cole, M. D.

(Address) 2702 Harrison Blvd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 9 1935

M. D. B. 1260 F 10459 ✓ F 10459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sherwood Hotel 212W?Monument St. St., 11 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josiah Clift Jr.

(a) Residence: No. 212 W. Monument St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret S unders

6. DATE OF BIRTH (month, day, year) Dec. 23. 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres. Armiger & Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va.

FATHER

13. NAME Josiah Clift

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emiline ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT R. Samuel Jett
(Address) 605 Title Bldg.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mch. 9. 1935

19. UNDERTAKER John O. Mitchell Sons.
(Address) 1900 Eutaw Place

20. FILED Mch 11 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1933 to March 7 1935

I last saw h[illegible] alive on March 7 1936 Death is said to have occurred on the date stated above, at 730 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris —	
Myocarditis, arteri Sclerosis —	Oct 1933
Other contributory causes of importance:	
Bronch. Pneumonia	March 5-1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. H. Hundley M. D.

(Address) 443 E. 25th. St.

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 9 1935 [illegible] Hundley

M. D. F 1268-9

F 10460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10460

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 309 Cathedral St., 4th Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hesseritta Miller

(a) Residence: No. 309 Cathedral St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Rev. Arthur B. Kinsolving
(Address) 34 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Mch 9, 1903
Redwood & Fremont

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..., 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7, 1903

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Jan 1903, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
a Senile	

Other contributory causes of importance: —
Arterio Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M Fenton, M. D.
Coroner
(Address) 703 E Chase

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S C

F 10461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10461

CERTIFICATE OF DEATH

34 - 98

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 18 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Ragland

(a) Residence: No. 1035 N Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Ragland

6. DATE OF BIRTH (month, day, year) 8/15/81

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Cornelius Cooke

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Hall

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records Bd. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W.M. Cemetery Date Mar. 11 1935

19. UNDERTAKER Sam'l. P. Chase & Son
(Address) 638 N. Gilmor

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/11, 1934 to 3/6, 1935

I last saw her alive on 3/0, 1935 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of vulva (?)	2 wks?
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Watts, M. D.

(Address) Balto. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10462

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. V-02 Hollen Rd St., 27 Ward)

Length of residence in city or town where death occurred 48 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma A. Lofgren

(a) Residence: No. V-02 Hollen Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aug

6. DATE OF BIRTH (month, day, year) Aug 13 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary to Dr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Julius Friedenwald MD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter G. Lofgren

14. BIRTHPLACE (city or town) (State or country) Gefle Sweden

MOTHER

15. MAIDEN NAME Sarah Ann Edkins

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT Mrs Alice G. Sullivan

(Address) V-02 Hollen Road

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date March 12 1935

19. UNDERTAKER Chas. G. Black

(Address) 142 W. Fayette ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1933 to March 7, 1935,

I last saw h alive on March 7, 1935 Death is said to have occurred on the date stated above, at 7-10 P m.

The principal cause of death and related causes of importance were as follows:

Generalized carcinomatosis — Date of onset Nov 19, 1933

Carcinoma of breast

Other contributory causes of importance:

Carcinoma metastasis to brain

Name of operation Complete mastectomy Date of Nov 13/1933

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Samuel Morrison M. D.

(Address) 1013 N. Charles St.

Information should be carefully supplied. Age should be stated in years and months. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-1926-10M

F 10463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10463

124B

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 1017 Maiden's St. 71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William George James

(a) RESIDENCE NO. 1017 Maiden's St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa James

6 DATE OF BIRTH (month, day, and year) Sept. 8, 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	59	6	X	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street Sweeper 0040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer B. S. C.

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER William G. James

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) "

14 Informant Louisa James

(Address) 1017 Maidens St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 8th 1935

17 I HEREBY CERTIFY, That I attended deceased from January 1 1935 to March 8 1935

that I last saw him alive on March 7 1935

and that death occurred, on the date stated above, at 12-15 a m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Hepatitis

(duration) yrs. 3 mos. 7 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John E. Sheaconutty M. D.

3/8 1935 (Address) 642 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
1. German U. Evangelical	3/11/35
20 UNDERTAKER	ADDRESS
Richard W. Meyer	1620 A Edgerton St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. F 12654 F 10464 Drakeford ✓ F 10464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 718 Penna Ave St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Green Drakeford.

(a) Residence: No. 718 Penna Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Drakeford

6. DATE OF BIRTH (month, day, year): Aug 15-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0140

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): N C.

17. INFORMANT: Helen Drakeford

(Address): 718 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Augusta Ga. Date: 3/11/ 1935

19. UNDERTAKER: Frances A Hemsley

(Address): 576 W. Biddle St.

20. FILED ..... 19..... Registrar.

MAR 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 10 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	four hours

Other contributory causes of importance:

Error of diet had eaten Fat pork Cabbage & Candy.

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Funk Coroner M. D.

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

F 10465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10465

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 705 South Regester St St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jarzynski

(a) Residence: No. 705 South Regester Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of James Jarzynski

6. DATE OF BIRTH (month, day, year) January-?-1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stanislaus Hajewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jadwiga Hadzicki

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. James Jarzynski

(Address) 705 South Regester Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus C. Date March 11th 1935

19. UNDERTAKER Geo. A. Weber

(Address) 705 S. Conn. street

20. FILED MAR 9 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Other contributory causes of importance: arterial Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ne Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Herzog M.D. M. D.
Coron.

(Address) 1306 N Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. Particulars should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10466

186-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Adam Giza

(a) Residence: No. 2221 Gough Street St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, year) February, 24-1928

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
7	0	1 7 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St, Stanislaus

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME John Giza

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Pelagia Danielak

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mr. John Giza
(Address) 2221 Gough Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Cem. March 12th 1935

19. UNDERTAKER George A. Weber
(Address) 705 E Lanvale Street

20. FILED MAR 9 1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March, 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	

Other contributory causes of importance:

Cellulitis of rt forearm	Mar 4
Bruise	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident of injury Mar 3/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell in church yard-700 block

Manner of injury S. Ann St

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Haven, M. D.
Coroner

(Address) 508 E. Fayette

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10467

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10467

246 | 17

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Londelle

(a) Residence: No. 615 S Linwood St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) ~~WIFE~~ of Wm Lewis

6. DATE OF BIRTH (month, day, year) 5/23/98

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Augustine

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Castellini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 11, 1935

19. UNDERTAKER Frank V. Pifer Sons

(Address) 2018 E. Baltimore St.

20. FILED ... 19 ... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1935 to March 8, 1935

I last saw her alive on March 8, 1935. Death is said to have occurred on the date stated above, at 1.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration of gastric contents	3-8-35
Lobar pneumonia, right (Post op)	2-22-35
Cholecystitis, Chronic	1927

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 2-26-35

What test confirmed diagnosis? Prev. exam of sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Lowan Alexander Gray, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 13 1935

M. D. Blanks-9 F 10468 ✓ F 10468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-C

1. PLACE OF DEATH Altamont Hotel
CITY OF BALTIMORE: (No. Eutaw Place & Lanvale St., 11 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bradfield
(a) Residence: No. Altamont Hotel St., Ward. Hotel Patron
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Bradfield
6. DATE OF BIRTH (month, day, year): Jan. 31, 1845
7. AGE: Years: 90; Months: 1; Days: 9; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Phila. Pa

FATHER
13. NAME: John Hutchins
14. BIRTHPLACE (city or town) (State or country): Phila. Pa

MOTHER
15. MAIDEN NAME: Mary Undergrift
16. BIRTHPLACE (city or town) (State or country): Burlington N J

17. INFORMANT: Thomas Alfred Bradfield
(Address) 2601 Ellsworth Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place: Phila. Pa Date: Mar 11 1935
19. UNDERTAKER: Wm Pickup Sons
(Address) North & Paca Sts.
20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 9. 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb. 3. 1935 to Mar. 9. 1935
I last saw her alive on Mar. 9. 1935 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis sudden failure with fibrillation	Mar 9 1935 own
Other contributory causes of importance: Acute Bronchitis	Feb 1. 1935

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James E Schmunk M. D.
(Address) 4012 Park Heights Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B. 1268-9

F 10469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10469

CERTIFICATE OF DEATH

+ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Finnegan

(a) Residence: No. 1701 Ritchie Hwy St., Hollins Ferry Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-25-79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm, Odd

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Human Tiernan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Eichelman

16. BIRTHPLACE (city or town) (State or country) Lansdowne Md

17. INFORMANT Mrs Margt Finn

(Address) Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/11/35 . 19

19. UNDERTAKER Bernard C. Hayle

(Address) 1000 S. Paca St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-5-35 . 19 ..... to 3-8-35 . 19 .....

I last saw h. alive on 3-8-35 . 19 . Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:

Ruptured Appendix	

Name of operation Appendectomy Date of 3-3-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10470

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 760 Dolphin St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Floyd Elsie

(a) Residence: No. 760 Dolphin St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 24/1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Eugene Elsie Wise

14. BIRTHPLACE (city or town) (State or country) Amherst Co. Va

MOTHER

15. MAIDEN NAME Elsie Sydnor

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Elsie Wise

(Address) 760 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. Auburn Date Mar. 9, 1935

19. UNDERTAKER Mrs Katy R Williams

(Address) 222 N. Schroeder St.

20. FILED MAR 9 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1935 to 3/8, 1935

I last saw h[illegible] alive on 3/7/35 Death is said to have occurred on the date stated above, at 6:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	3/5/35
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Heatwole, M. D.

3/8/35 (Address) 1 West Mt St

N. B.—WRITE PLAINLY, WITH INDELIBLE PENCIL. Every question must be answered. Unknown information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 10471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10471

CERTIFICATE OF DEATH

V 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Campbell

(a) Residence: No. 1432 McCulloughSt., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
~~Male~~ Female	Aa	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Royal Va

FATHER

13. NAME William Campbell

14. BIRTHPLACE (city or town) (State or country) Port Royal Va

MOTHER

15. MAIDEN NAME Susan Brooks

16. BIRTHPLACE (city or town) (State or country) Port Royal Va

17. INFORMANT Samuel Campbell
(Address) Norristown Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cemetery Date 3/9 1935

19. UNDERTAKER Charles H Beckett
(Address) 5-28 Lanvale St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-7- 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-7- 1935 to 3-7- 1935

I last saw her alive on 3-7- 1935. Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-2-35
Other contributory causes of importance: Hypertension	

Name of operation Date of

What test confirmed diagnosis Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6.5.3

M. D. 268-9

F 10472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 Walbrook ave St., 15 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME Anna Angino

(a) Residence: No. 2136 Walbrook ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pescasi

FATHER

13. NAME: William Simon

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Fiuna

16. BIRTHPLACE (city or town) (State or country): Pescasi

17. INFORMANT: Esther Cheroff

(Address) 2136 Walbrook ave

18. BURIAL, CREMATION, OR REMOVAL

Place Syracuse N. Y. Date . 19

19. UNDERTAKER: Jack Lewis Joe

(Address) 1939 E. Baltimore St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6 - 36

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner . M. D.

(Address)

Please answer all questions. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 F 10473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10473

CERTIFICATE OF DEATH

X ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Armand Kirtz

(a) Residence: No. 13 Sollers Point Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md Dundalk Md

FATHER

13. NAME Steward Kirtz

14. BIRTHPLACE (city or town) (State or country) Gorhen Virginia

MOTHER

15. MAIDEN NAME Anna Schultz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Anna Schultz

(Address) 13 Sollers Point Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 3/11 . 19 35

19. UNDERTAKER John J Ruda

(Address) 238 N Hudson st

20. FILED . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Mar 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 . 1935 to Mar 8 . 1935

I last saw him alive on Mar 8 . 1935 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Leonard L Abramson M. D.

(Address) Sinai Hospital

information should be carefully supplied. Age should be stated EXACTLY. Prefer state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 9 1935

M. D. P. 1268-0

10474 E 10474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rachel Lazarus

(a) Residence: No. 2131 Callow Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Max

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David Radin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Holland McCarmel Date 3/10/35 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore St

20. FILED MAR 10 1935 Huntington Ave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5 . 1935 to March 8 . 1935

I last saw her alive on March 8, . 1935 Death is said to have occurred on the date stated above, at 10.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardiac hypertrophy & dilatation	
Cardiac insufficiency	
Arteriosclerosis	
Chronic pulmonary tuberculosis far advanced	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Paul A. Spear, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

10475 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 10475

CERTIFICATE OF DEATH 46-G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Black

(a) Residence: No. 4640 Reisterstown Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME David B. Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida G. Saltzman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Reisterstown Road Date 3/10/35

19. UNDERTAKER Jos. Segal Sons Inc.

(Address) 1439 E. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/17/35 to 3/8/35

I last saw her alive on March 8 1935 Death is said to have occurred on the date stated above, at 9.50 p m.

The principal cause of death and related causes of importance were as follows:

Cachexia & Toxemia — Date of onset 2/7/35

Other contributory causes of importance:

Retro-peritoneal Sarcoma — Feb 7/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark E. Gamse M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 10 1935

M. D. B 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

10476 10476

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estelle F. Himmelmann

(a) Residence: No. 3949 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sigmund

6. DATE OF BIRTH (month, day, year) Oct 12/1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

FATHER

13. NAME William I. Fink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Spielman

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Mary Himmelmann

(Address) Chadfort Ave. Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Pusey Date 3/11 1935

19. UNDERTAKER Jno Cole

(Address) 1211 E Pratt St

20. FILED MAR 12 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 8.35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.15 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-anemia	
Hemorrhage- probably carcinoma cervix uteri	??

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Gaeser M. D.
Coroner

(Address) 501 E Fayette St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. P. 1268-9

Dr. Franklin 1123 St Paul St Ver 0018

F 10477

10177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 E. North Ave 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine C. Mullen

(a) Residence: No. 1901 E. North Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Jeremiah V. Mullen

6. DATE OF BIRTH (month, day, year): Mar 31st 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Peter J. Butler

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary McDermitt

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Catherine West

(Address): 1901 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Mar 11th 1935

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from 3 6 28 1935 to March 8 1935

I last saw her alive on March 7 1935. Death is said to have occurred on the date stated above, at 8 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	

Other contributory causes of importance:

Uremia	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) N. Franklin M. D.

(Address) 1123 St Paul

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 10 1935

V S. 3

M. D. P. 1268-9

10478 E 10478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apartments V Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Lee Bailey

(a) Residence: No. Homewood Apartments St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Feb 26th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer Stewart & Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies Wear

10. Date deceased last worked at this occupation (month and year) Mar 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Madison Run
(State or country) Orange Co. Va.

FATHER

13. NAME Chas. L. Bailey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Betty Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Lucy South (Sister)
(Address) 307 E. Jefferson St Charlottesville Va

18. DISPOSAL
Place Charlottesville Va Date Mar 10th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 10 1935 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1935 to March 9th 1935

I last saw h[illegible] alive on March 8 1935 Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	indefinite
	"
	"
	"

Other contributory causes of importance:

Indefinite

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. K. Fossenglo M. D.

(Address) 617 W Saratoga St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-4-8

M. D. B. 1268-9

F 10479

F 10479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eustace Pilgrim.

(a) Residence: No. 572 Wilson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Pilgrim

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) British West Indies

FATHER

13. NAME unknown Johnson

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Catalina Pilgrim
(Address) 572 Wilson St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date 3-11 19 35

19. UNDERTAKER Mrs R. A. Elliott
(Address) 1129 N. Caroline St

20. FILED ... Registrar.

MAR 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/5 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1934 to March 7 1935

I last saw him alive on 3/7 1935. Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration with Edema.	

Other contributory causes of importance:

Chronic Arteriosclerotic Cardiovascular Renal.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) ... M. D.

(Address) ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH PEN AND INK. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10480

10480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Zgarzynska

(a) Residence: No. 1418 George St., Curtis Bay

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 12/24/11

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63.	3	1 2/3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Peter.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A A Co. Date March 11 1935

19. UNDERTAKER Wm S. Fialkowski

(Address) 2007 Eastern Ave

20. EMBALMED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1932 to 3/7 1935

I last saw him alive on 3/7 1935. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All questions must be answered and no information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 10 1935

M. D. B. 1268-9

10181

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10181

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hos. St. (Ward) 28 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeanne Estelle Bandini

(a) Residence: No. 4806 Norwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Bandini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Gibson

16. BIRTHPLACE (city or town) (State or country) Pa. Lackawanna Co.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Mar 12 1935

19. UNDERTAKER Harry N. Armacost & Sons

(Address) 4204 RIDGEWOOD AVE.

FILED 19 Registrar.

MAR 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1935 to Mar 10 1935

I last saw her alive on March 10, 1935 Death is said to have occurred on the date stated above, at 1 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 1, 1935
Tuberculosis	Mar. 9, 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Dana Elliott Babcock, M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Only information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10482

10482 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

72-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3823 Park Heights ave. Ward) 15

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Friedman

(a) Residence: No. 3823 Park Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Michael

6. DATE OF BIRTH (month, day, year): 1881

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Albert Schwartzberg
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Rosedale Cem Date March . 193[illegible]

19. UNDERTAKER: L. Lennon Bro
(Address) 1127 E Baltimore St.

20. FILED . 19 .
Registrar.

MAR 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934 to March 5, 1935

I last saw h[illegible] alive on March 8 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Lillian L. Levy M. D.

(Address) 2324 Eutaw place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10483

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 E. 31st St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Garland

(a) Residence: No. 1801 E. 31st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Dorothea Garland

6. DATE OF BIRTH (month, day, year): Aug. 3rd 1861

7. AGE: Years 73; Months 7 8; Days 4; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auditor State

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: accdt Comptroller

10. Date deceased last worked at this occupation (month and year): 00 08

11. Total time (years) spent in this occupation: 00

12. BIRTHPLACE (city or town) (State or country): Boston Mass

FATHER

13. NAME: Garland

14. BIRTHPLACE (city or town) (State or country): Boston Mass.

MOTHER

15. MAIDEN NAME: dont know

16. BIRTHPLACE (city or town) (State or country): Mass.

17. INFORMANT: Mrs. L. F. Hirtzling

(Address) 1501 E. 31st St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date 3/11 1935

19. UNDERTAKER: J. J. Morgan

(Address) 3606 Eastern Ave

20. FILED: Huntington Williams Jr. Registrar.

MAR 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/7 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1930 to Mar 7 1935

I last saw h[e] alive on Mar. 7 1935 Death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Secondary Anemia (Hydremia)	1931
Hypertrophic Arthritis	1930
Cystitis and Pyelitis	1931
Myocardial degeneration	4 mos
Other contributory causes of importance:	
Permanent catheter - Had to take out and put in	4 yrs
	4 yrs

Name of operation Prostatectomy Date of 1931

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) A. F. Ries M. D.

(Address) 24 W. Mosher

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1269-8

F 10484 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10484

CERTIFICATE OF DEATH ✓ 23

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 760 N. Mulberry St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellis Brooks

(a) Residence: No. 760 N. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Thomas Brooks

6. DATE OF BIRTH (month, day, year) July 27 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32 31	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Ellis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Virginia Conway

16. BIRTHPLACE (city or town) (State or country) Kirkwood Md

17. INFORMANT Evelyn Ellis

(Address) 760 N Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D.C. Date May 10, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S. Schroeder St.

Huntington Williams Jr

20. FILED MAR 18 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 5. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1935 to March 5. 1935

I last saw her alive on March 4, 1935 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Hemorrhage	1 day
Chronic Nephritis	3 yrs

Other contributory causes of importance

Malnutrition

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Ellis. M. D.

(Address) 924 Madison Ave

M. D. B. 1268-9

10485

F 10485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George Dupont.

(a) Residence: No. 1603. East Oak St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 (?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Isadore Dupont

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Catherine Unknown

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Dupont

(Address) 3211 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date Mar 12th 1935

19. UNDERTAKER Chas P. Graves & Son

(Address) 118 W. Lexington Ave

20. FILED MAR 10 1935 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1935, to March 9, 1935.

I last saw him alive on March 7, 1935. Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Uremia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. M. Maxwell, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 37

M. D. P 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10186

10186

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 East Preston Street St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME DANIEL ALBERT DONEGAN

(a) Residence: No. 732 East Preston Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Angela Carroll Donegan

6. DATE OF BIRTH (month, day, year) Oct. 12, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treas. Theater Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Owen Donegan

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Collins

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Angela Carroll Donegan
(Address) 2830 East Baltimore Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemtery Date March 11 1935

19. UNDERTAKER Chas. P. Sauerhon
(Address) 111 W. Mt. Royal Ave

20. FILED MAR 10 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1935 to March 8 1935

I last saw h... alive on March 7 1935 Death is said to have occurred on the date stated above, at 9:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage.	2 days
Chr. Pulmonary Tuberculosis & Amoebic	3 yrs
Other contributory causes of importance: Rectal Fistula (Tubercular)	3 yrs

Name of operation none Date of

What test confirmed diagnosis Exam Was there an autopsy? no

23. If death was due to external (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 .

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. P. Geraghty M. D.

(Address) 2225 St Paul St.

M. D. B 1268-9

10187

HEALTH DEPARTMENT—CITY OF BALTIMORE

10187

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irvin J. Mallon

(a) Residence: No. 1022 Brentwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 14, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Henry Mallon

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Annie Reilly

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Annie Mallon

(Address) 1022 Brentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Mar 12, 35

19. UNDERTAKER Chas. P. Sears & Son

(Address) 118 W. Mt. Royal Ave

FILED ..... 19 .....

Registrar

MAR 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 19 ... to ... 19 ...

I last saw him alive on March, 19 ... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/9, 1935

Where did injury occur? Pratt & Commerce St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of Injury walking across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P. Kenny Coroner, M. D.

(Address) 2203 E. Madison St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. Bk 1268-94 F 10488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10488

CERTIFICATE OF DEATH

160-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Lee

(a) Residence: No. Hyde, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of infant

6. DATE OF BIRTH (month, day, year) Mar 8. 1935

7. AGE	Years	Months	Days	If LESS than 1 day 21 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME H Norman Lee

14. BIRTHPLACE (city or town) (State or country) Balto. County Md.

MOTHER

15. MAIDEN NAME Myrtle Isennock

16. BIRTHPLACE (city or town) (State or country) Balto County Md.

17. INFORMANT Mother Myrtle Lee (Address) Hyde. Md

18. BURIAL, CREMATION, OR REMOVAL Place Waugh Chapel Date March 10 1935

19. UNDERTAKER John Burns Sons (Address) Towson Md

20. FILED MAR 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-8-35 19 ... to 3-9-35 19 ...

I last saw him alive on 3-9 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity (34 wks)

Congenital Atelectasis

Date of onset

Other contributory causes of importance:

Premature Separation of Placenta (Maternal)

Caesarean Section.

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H Savage M. D.

(Address) Clin. 1408

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9 F 10489 ✓ F 10489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 Chilton St., 9 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob L. Schnurr

(a) Residence: No. 1828 Chilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora L. Schnurr

6. DATE OF BIRTH (month, day, year) Mar 24 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ordinance Sgt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Jacob L. Schnurr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Cora L. Schnurr

(Address) 1828 Chilton St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 12 1935

19. UNDERTAKER John Wisit

(Address) 2002 Gilmore

20. FILED ... 19... [illegible] Registrar.

MAR 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1935 to Mar 9th 1935

I last saw h[illegible] alive on Mar 8th 1935 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Lewis Thompson Dis	7 Days
Other contributory causes of importance:	
Arteriosclerosis	2 Years

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) C. H. Hawkins M. D.

(Address) 1 E Mount Royal Ave

M. D. F 10490

F 10490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 N. Collington Ave St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME John Pivec

(a) Residence: No. 841 N. Collington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Pivec

6. DATE OF BIRTH (month, day, year) Mar 8, 862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba

FATHER

13. NAME Joseph Pivec

14. BIRTHPLACE (city or town) (State or country) Cuba Barcelona

MOTHER

15. MAIDEN NAME Catherine Gilda

16. BIRTHPLACE (city or town) (State or country) Cuba-Havana

17. INFORMANT Josephine Pivec

(Address) 841 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 13 1935

19. UNDERTAKER Frank Brach & Son

(Address) 1406 Eastern Ave

20. FILED MAR 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1935 to March 9 1935

I last saw him alive on March 7 1935 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vas. Renal Disease	?
Other contributory causes of importance:	
Acute Cardiac Decompensation	1 day

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St.

F 10491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10491

CERTIFICATE OF DEATH.

82-a

REGISTERED No. C

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 3042 Greenmount Ave St. 17 WARD)

(If death occurred in hospital or institution give its NAME instead of street and number fill out No. 18.)

2 FULL NAME Amelia D. Behn.

(Residence in Baltimore: No. 3042 Greenmount Ave St.; yrs., mos.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (*Write* the word.): Single

6-DATE OF BIRTH, October (Month) 2 (Day), 1874 (Year)

7-AGE, 60 yrs., 5 mos. 7 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Grocer
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country): Baltimore Md.

PARENTS.

10-NAME OF FATHER: George F. Behn.

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Wilhelmina Pahl

13-BIRTHPLACE OF MOTHER (State or Country): Germany.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. Catherine Behn

(Address) 3042 Greenmount Ave.

15- Filed MAR 11 1935, [illegible] Registrar.

COHONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 19[illegible] (Year)

17- I HEREBY CERTIFY, that I took charge of remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) found that said deceased came to [illegible] on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos.

(Signed) [illegible] M. (Coroner)

3/11, 193[illegible] (Address) 2[illegible] Bolton St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Baltimore Cemetery

DATE OF BURIAL March 12 19[illegible]

20-UNDERTAKER Josiah Syfer

ADDRESS 1600 N. Howard

M. D. B. 1200 F 10492 ✓ F 10492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1247 Hull St., 24 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Veronica Price

(a) Residence: No. 1247 Hull St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Price

6. DATE OF BIRTH (month, day, year) Unk

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Peter Vashuesky

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Veronica Slovak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs A Krasuski
(Address) 1247 Hull St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 12 1935

19. UNDERTAKER Fred W. Ozarowski
(Address) 1930 Eastern Ave

MAR 11 1935

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from See 10 19 37 March 8, 1935

I last saw h.e alive on March 8, 1935. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph J Turdur M. D.

(Address) 24 W Fayette Reisterstown Rd

M. D. B. 1938-9 F 10493

F 10493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 N. Vincent St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Millburn

(a) Residence: No. 1028 N. Vincent, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Millburn

6. DATE OF BIRTH (month, day, year) May 30, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33 34	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Millburn

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amanda —

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Lewis Millburn
(Address) 1030 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/11, 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1305 Presstman St

20. FILED MAR 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1935 to Mar. 7, 1935

I last saw her alive on Mar. 6, 1935 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	3/5/35
Other contributory causes of importance:	
Gastric ulcer	Dec 34

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. N. Pinta M. D.

(Address) 1536 W. Lafayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. R. 1268-9

F 10494

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10494

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Good Shepherd Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Fulton St., 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Steele

(a) Residence: No. 922 W. Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Estelle Steele

6. DATE OF BIRTH (month, day, year): 1870

7. AGE: Years: 65 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook, Private

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (city or town) (State or country): Jamaica B.W.I.

FATHER

13. NAME: William Steele

14. BIRTHPLACE (city or town) (State or country): Jamaica B.W.I.

MOTHER

15. MAIDEN NAME: Charlotte Edelson

16. BIRTHPLACE (city or town) (State or country): Jamaica B.W.I.

17. INFORMANT: Self

(Address): 922 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: Mar 11, 1935

19. UNDERTAKER: Thomas E. Kelson

(Address): 1303 Presstman St.

20. FILED: ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-9-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-5-1935 to 3-9-1935

I last saw him alive on 3-8-1935 Death is said to have occurred on the date stated above, at 3:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Myocarditis	
2- Generalized arterio-sclerosis	

Other contributory causes of importance:

Name of operation: none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Marshall M. D.

(Address) 1838 Druid Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 11 1935

M. D. F. 126-0

F 10495

F 10495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William K Ramer.

(a) Residence: No. 959 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia.

6. DATE OF BIRTH (month, day, year) Feb 20/1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	18/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer Can Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Conrad

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Bk 14.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 3/11/35 19

19. UNDERTAKER Phelps Sundy Sons
(Address) 2614 Eastern Ave

20. FILED MAR 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 3/8 1935

I last saw him alive on 8/8 1935 Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	2 yrs +

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reale M. D.

(Address) Balto. City Hosp.

M. D. B 1268-9

E 10496

E 10496 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp 6 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward L. Gittings

(a) Residence: No. 2037 Orleans St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Gittings

6. DATE OF BIRTH (month, day, year) May 3 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Gittings

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ann Dudley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jennie Gittings
(Address) 2037 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 3/12/35 19

19. UNDERTAKER Philip Herbert Sons
(Address) 206 Park Ave

20. FILED 19 Registrar.

MAR 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. R. Oscar Coroner, M. D.

(Address) 508 E Fayette St

M. D. Form 8

F 10497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10197

53-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 E. Biddle St. St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle Quinn

(a) Residence: No. 714 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late James E. Quinn

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jerome Hubbard

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Katherine Quinn

(Address) 714 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemy Date March 13 19 35

19. UNDERTAKER Henry Hoen & Sons Inc

(Address) 131 E Eager St

20. FILED 19 [illegible] Registrar.

MAR 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 . 1934 to Mar 10 . 1935

I last saw h[illegible] alive on 3/9 . 1935 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ankle (R)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Corse M. D.

(Address) 1216 N Calvert St

M. D. P. 1206 F 10498 ✓ F 10498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Valley St. St., 10 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine A. Nikol

(a) Residence: No. 1205 Valley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late John Nikol

6. DATE OF BIRTH (month, day, year) Feb.-5-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 yrs.	1 Mo.	6 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schruefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schriefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret A. Boegner
(Address) 1205 Valley St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Holly Cemetery Date March 14 1935

19. UNDERTAKER Haney & Doyle Bros, Inc
(Address) 1301 E. Eager St

MAR 11 1935

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-11-1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/25, 1935, to 3/11, 1935

I last saw h alive on 3/10, 1935 Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	—

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Wertz, M. D.

(Address) 1216 E Colonial St

M. D. F 10499

F 10499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Darby St St., 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Wheat

(a) Residence: No. 3618 Darby St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zachariah Wheat

6. DATE OF BIRTH (month, day, year) May 6, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83 84	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Benjamin F. Wheat
(Address) 3618 Darby St

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date March 12, 1935

19. UNDERTAKER Chenowith & Son
(Address) 3615 17 Chestnut Ave

20. FILED MAR 11 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1935 to Mar 10, 1935

I last saw her alive on Mar 9, 1935 Death is said to have occurred on the date stated above, at 8:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Chronic Interstitial Nephritis	2 or 3 yrs ago

Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ira Drewer M. D.
(Address) 846 W 36 St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. P. 1268 F 10500

F 10500

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Maryland Ave, St., 13, Ward)

Length of residence in city or town where death occurred 68 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Phillip Schwartzkopf

(a) Residence: No. 4150 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie L. Schwartzkopf

6. DATE OF BIRTH (month, day, year) Feb 25 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 508

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Schwartzkopf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Veronica Reiss

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL London Park Date March 13 1935

19. UNDERTAKER Thanner & Son
(Address) 3605 Eastern Ave

[illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1935 to March 9, 1935, last saw him alive on March 1, 1935. Death is said to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma hypopharynx, metastatic to Pulmonary involving both lungs, abscess	2-2-35

Other contributory causes of importance:

Name of operation Autopsy Date of 1-31-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles Elliott Babcock M. D.

(Address) Md. Gen. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 11 1935

Spec.—1-30—M. & T.—250 Blks

F 10501

F 10501

HEALTH DEPARTMENT—CITY OF BALTIMORE

81

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 2218 Fulgrave Ave. ST., 27 WARD)

2-FULL NAME James Erle Carter

(a) RESIDENCE NO. 2218 Fulgrave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Nena Carter

6 DATE OF BIRTH (month, day, and year) 6. 6. 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	6	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk - 009

(b) General nature of industry, business, or establishment in which employed (or employer) Manufactory

(c) Name of employer Kesinol Co

9 BIRTHPLACE (city or town) (State or country) Grandstown W. Va

PARENTS

10 NAME OF FATHER James Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Mary Stier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. J. Erle Carter

(Address) 2218 Washington Blvd

15 Filed MAR 11 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 11. 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934, to March 10, 1935, that I last saw him alive on March 10, 1935, and that death occurred, on the date stated above, at 2. A. m.

The CAUSE OF DEATH* was as follows:

Anterio-Lateral Sclerosis - Cerebral Paralysis, Exhaustion Softening of Brain.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C. H. Burton, M. D.

Mch. 12, 1935 (Address) 1000 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL Mch 13 1935

20 UNDERTAKER John D. Mitchell Sons

ADDRESS 1900 Eutaw Place

CAUSE OF DEATH in plain terms, so that it can be understood. TION is very important. See instructions on back of certificates.

AdCo. 5-31 250B

F 10502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10502

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3806 Dorchester St., 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. North

(a) Residence: No. 3806 Dorchester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Laughlon

6. DATE OF BIRTH (month, day, year) Dec 6-1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. United States
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Service (Retired)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME James North
14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Mary McNamara
16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Mrs. W. North
(Address) 3806 Dorchester Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Mar 11 1935

19. UNDERTAKER Geo. A. Smith
(Address) 1920 Eutaw Pl. Balto

Filed MAR 11 1935, 19 ... Huntington White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1935, to March 9, 1935
I last saw him alive on March 9 1935 death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2/25/35

Other contributory causes of importance:

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

M.D. (Signed) H. E. Jones, M. D.
(Address) 920 N. Monroe St.

OCCUPATION is very important. See instructions on back of certificate. THE CAUSE OF DEATH in plain terms

M. D. B 1268-9

F 10503 ✓ F 10503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys Chatmon

(a) Residence: No. 417 Orchard St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Chatmon

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME ~~Elsie Thomas~~

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT George Chatmon

(Address) 417 Orchard St.

18. BURIAL, CREMATION, OR REMOVAL Date 3/11 19 35

Place Mt. Auburn Cem

19. UNDERTAKER Bernard P. Hensley

(Address) 818 Druid Hill Ave

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, 10.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia; bilateral	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Lacey M. D.

Coroner

(Address) 508 E. North Ave

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

11 1935

M. D. B. 1768-9

F 10504

F 10504 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11 Ward)

Length of residence in city or town where death occurred 33 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 62 yrs. 5 mos. 12 ds.

2. FULL NAME John Rudroff, Md.

(a) Residence: No. 11 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) 4/26/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 33 yrs

12. BIRTHPLACE (city or town) (State or country) Chillicothe Ohio

FATHER

13. NAME Daniel Conrad Rudroff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Finchauer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records.
(Address) City

18. BURIAL, CREMATION, OR REMOVAL
Place Chillicothe Ohio Date March 13 1935

19. UNDERTAKER Edward Memler.
(Address) 108 Lexington St.

Filed ..... 19..... Registrar.

11935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/4/35 19 to 3/10/35 19

I last saw h alive on 3/10/35 19 Death is said to have occurred on the date stated above, at 5 11 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Nephritis Chronic - Arterio Sclerosis	c
Cerebral Hemorrhage — Left Hemiplegia	1/25/35
Other contributory causes of importance:	
Chronic Cystitis	c

Name of operation Tapping of Date of 3/8/35

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Wagner M. D.

(Address) Mercy Hospital

M. D. B. 1265-0

F 10505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10505

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 Pierce St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frances Elizabeth Elliott

(a) Residence: No. 840 Pierce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of: Wm. G. Elliott

6. DATE OF BIRTH (month, day, year): Aug. 13 1878

7. AGE: Years: 56 | Months: 6 | Days: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Thos. Johnson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Polly —

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Clinton Johnson

(Address) 840 Pierce St

18. BURIAL, CREMATION, OR REMOVAL

Place: Natural Cemetery Date: March 9, 1935

19. UNDERTAKER: Mrs. Katie R. Williams

(Address): 1 Lafayette Ave, Balto, Md.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 6, 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 19 34 to Mar 6, 1935

I last saw her alive on Mar 2 1935 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cancer of Rectum

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hedwig E. Haase M. D.

(Address) 427 Lexington

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH must be filled in.

R11

M. D. B. 1268-9

F 10506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10506

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 411 N Schroeder St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Robinson

(a) Residence: No. 411 N Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Margaret Robinson

6. DATE OF BIRTH (month, day, year): Aug 3, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chestertown Md

FATHER

13. NAME: Benjamen R Lucas

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Cornbrown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Martha Nelson

(Address): 411 N Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Mar 11, 1935

19. UNDERTAKER: Mrs Katie R Williams

(Address): 322 N [illegible]

20. FILED: 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 7, 1935

23. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to March 7, 1935

I last saw him alive on March 1, 1935. Death is said to have occurred on the date stated above, at 1130 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tabular Heart Disease	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 1908 Park Ave

State CAUSE OF DEATH in plain terms, so that no two persons could interpret it alike, and give primary cause, secondary cause (if any), and contributory cause (if any), in order of importance. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

c/Kapraun

F 10507

F 10507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2042 Harlem Ave St., 16 Ward)

Length of residence in city or town where death occurred 82 yrs. 6 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Kapraun

(a) Residence: No. 2042 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. J. Kapraun

6. DATE OF BIRTH (month, day, year) May 25 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	6	15/14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Reinhard Schuldinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Berger

(Address) 2042 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/17/35

19. UNDERTAKER F. B. Herbert & Son

(Address) 1300 Eastern Ave

... 19... Registrar.

R 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18/35

22. I HEREBY CERTIFY, That I attended deceased from 3/5/35 19... to 3/18/35 19...

I last saw h[er] alive on 3/18/35 19... Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Lobar Pneumonia	History	3/4/35
Cerebral Apoplexy		3/6/35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Bernard F. Fury M. D.

(Address) 710 Westfield

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 10508

10508 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 E. Lafayette Ave St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Selvage

(a) Residence: No. 2028 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles N. Selvage

6. DATE OF BIRTH (month, day, year) July 3 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Selvage

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Irene M Selvage
(Address) 2028 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 11 1935

19. UNDERTAKER George M. Zirkler
(Address) 1737 E. Eager St.

20. FILED MAR 11 1935 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec-1- 1934 to Mch 9- 1935

I last saw her alive on Mch 8 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast -	Nov-1933
Other contributory causes of importance: Metastasis in Lungs	3 months

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) E. Gill Hall M. D.

(Address) 1031 E North Ave

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

S 3

M. D. B 1268-9

10509

HEALTH DEPARTMENT—CITY OF BALTIMORE

10509

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby (Girl) Coan

(a) Residence: No. 6065 Sargon Club Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9, 1935

7. AGE Years	Months	Days	If LESS than 1 day 30 hrs. or ... min.
20 hours			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME MacLeod Coan

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Dorothy Sellers

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Dr Bolgs Ave Date 3/11 1935

19. UNDERTAKER Geo A Farley
(Address) Lake & Lanvale

20. FILED 3 11 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1935 to March 10, 1935
I last saw her alive on March 10, 1935 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Infant.	
(Less 6 months duration)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O B Hamilton, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-A

F 10510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10510

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5929 Kavon Ave St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph J. Bader

(a) Residence: No. 5929 Kavon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ of Margaret H. Bader

6. DATE OF BIRTH (month, day, year) Oct 14, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peddicord Bros

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Bader

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Margaret H Bader

(Address) 5929 Kavon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 3/12/35 19

19. UNDERTAKER John Cook

(Address) 1219 St Paul St

20. FILED MAR 11 1935 19 [illegible]

State CAUSE OF DEATH in plain English. OCCUPATION is very important. See instructions on back of certificate.

S. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Febr 28, 1935 to March 9, 1935

I last saw him alive on March 9, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3 weeks.
Arterio Sclerosis Hypertension	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gustave A Fick M. D.

(Address) 6801 Belair Rd

M. D. F 10511 Harmon F 10511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 Gladstone Ave. Ward 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur E Hamm

(a) Residence: No. 720 Gladstone Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 6th 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Feb 1935

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Hamm

14. BIRTHPLACE (city or town) (State or country) Bavaria, Germany.

MOTHER

15. MAIDEN NAME Elizabeth Wagner

16. BIRTHPLACE (city or town) (State or country) Bavaria, Germany

17. INFORMANT Miss Cora Hamm - dau
(Address) 720 Gladstone ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 12th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Mar 13 1935 [illegible] Registrar.

State CAUSES OF DEATH very carefully. OCCUPATION is very important. See instructions on back of certificate.

V S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1934 to March 9 1935

I last saw him alive on March 9 1935 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset Aug 1934

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis H. Gluck M. D.

(Address) Gilman apts

M. D. H. 1248-9

F 10512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10512

CERTIFICATE OF DEATH

203-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 76 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ross Hill.

(a) Residence: No. City Hospitals St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Ross

(Address) 1620 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date March 11 1935

19. UNDERTAKER Wendell J. Gittel

(Address) 1405 Gay St.

20. FILED 3/11/1935 Registrar.

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) about Mar 1 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at Unknown m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: Accidental fall down Elevator shaft	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 3/1 1935

Where did injury occur? City Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell down Shaft

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. L. Lemmon M. D.
Coroner

(Address) 320 N Patterson Park Ave

M. D. R. 1268-9

F 10513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10513

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Calloway Ave 45 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Herbert Lamar

(a) Residence: No. 3802 Calloway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie Spott Lamar

6. DATE OF BIRTH (month, day, year) June 21, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maps agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. elect. Co.

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Charles Wm. Lamar

14. BIRTHPLACE (city or town) (State or country) West Va

MOTHER

15. MAIDEN NAME Ellen Armstrong

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs. Elsie S. Lamar

(Address) 3802 Calloway Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Place Date Mar 12 1935

19. UNDERTAKER Wm. Tickner & Sons

(Address) Howard & Fayette Streets, Huntington, W. Va.

20. Filed 3/11 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1933 to March 10, 1935

I last saw him alive on March 10, 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral arteriosclerosis & left motor area with right hemiplegia	4/6/33
	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Maurice E. Cramer M. D.

3/11/35 (Address) 3300 W. South ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10514

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10514

CERTIFICATE OF DEATH

V 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 S. Calhoun St., 19 Ward)

Length of residence in city or town where death occurred 71 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Eliza Machen

(a) Residence: No. 303 S Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sidney Machen

6. DATE OF BIRTH (month, day, year) May 5 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	24	3.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Henry Nicholson Baltimore

FATHER

13. NAME Henry Nicholson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Machen

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. W. Edson

(Address) 523 S Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mch. 19 35

19. UNDERTAKER W. Eugene Fox

(Address) 1611 W. Baltimore St. Huntington Ave. Baltimore, Md.

20. FILED 3-11-1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 9. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1. 1935 to March 9 1935

I last saw her alive on March 8 1935. Death is said to have occurred on the date stated above, at 19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	3/1/35
Other contributory causes of importance: Mitral Heart Disease	1933

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marvin Ille M. D.

(Address) 108 W. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate. CAUSES OF DEATH must be given.

M. D. P. 1168 10515 F 10515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton + Wilkins Ave St., Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Mollsworth.

(a) Residence: No. 106 Southwood Ave St., Catonsville Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 12-8-34

7. AGE — Years | Months: 3 | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Philip A. Mollsworth
14. BIRTHPLACE (city or town) (State or country) Balto Co Maryland

MOTHER

15. MAIDEN NAME Florence Margaret Boden
16. BIRTHPLACE (city or town) (State or country) Balto Co Maryland

17. INFORMANT Philip A. Mollsworth
(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Eastern Sub Cem. Date Mar. 11, 1935

19. UNDERTAKER Easton Sons
(Address) Edmondson Ave

20. FILED MAR 11 1935 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-10-1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1935 to March 10, 1935

I last saw her alive on March 10, 1935 Death is said to have occurred on the date stated above, at 10 11/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12-8-34
Gastro-enteritis	3-9-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert F. Healy M. D.

(Address) St Agnes Hospital

M. D. B. 1268

F 10516

F 10516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Christian St., 70 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie Frederick

(a) Residence: No. 2507 Christian St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Frederick

6. DATE OF BIRTH (month, day, year) April 11, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Strong

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Kate Hamel

16. BIRTHPLACE (city or town) (State or country) Laurel, Md.

17. INFORMANT John Frederick
(Address) 2507 Christian St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 3/11/35 19

19. UNDERTAKER Frederick A Cole
(Address) 210 S Lombard St

20. FILED ... 19 ... Registrar.

MAR 11 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/9/35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 19 35 to March 8 19 35
I last saw her alive on March 8. 1935. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	7
Chronic Nephritis	7 1

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ethelbert Hennegy M. D.
3/11/35 (Address) 2000 Hollins St

M. D. P. 1268-9

F 10517

12513-36

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esa Ayres

(a) Residence: No. 1073 N. Front St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ayres

6. DATE OF BIRTH (month, day, year) 8/17/96

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S-Car-

FATHER

13. NAME Jerry Watson

14. BIRTHPLACE (city or town) (State or country) S-Car-

MOTHER

15. MAIDEN NAME Sally Jamison

16. BIRTHPLACE (city or town) (State or country) S-Car-

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mount Lebanon Date Mar 11 1935

19. UNDERTAKER
(Address)

20. Filed [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1934 to Feb 28 1935

I last saw her alive on Feb 28 1935. Death is said to have occurred on the date stated above, at 11 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	June '34
Tuberculosis of Lungs	

Other contributory causes of Importance:

Name of operation Exploratory Laparotomy Date of Dec 4 1934

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carmichael Leighman M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10518

CERTIFICATE OF DEATH

23 Four

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Murphy Faison

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Wilson Cem Date Mar 11, 1935

19. UNDERTAKER

(Address)

20. FILED ..... 19..... Registrar.

MAR 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-4-, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Zeller, M. D.

Coroner

(Address) 29 E Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

59 vse

M. D. B. 1268-9

F 10519

10519 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 137

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. - mos. - ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Schemermann

(a) Residence: No. 4001 Echodale Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Emilie Hemetta Schem

6. DATE OF BIRTH (month, day, year) Mar 18 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocerynman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schemermann

14. BIRTHPLACE (city or town) (State or country) Germ

MOTHER

15. MAIDEN NAME Cathrine Jaggy

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT Henry Schmidt

(Address) 1301 N Wash St

18. BURIAL, CREMATION, OR REMOVAL Balto Cem Date 3/13/35 19

19. UNDERTAKER Geo H. Lehmbecker

(Address) 525 N Eutaw St

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 35

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 35 to Mar 10, 35

I last saw him alive on Mar. 10, 1935 Death is said to have occurred on the date stated above, at 12 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Surgical Shock	3/9/35

Other contributory causes of importance:

Name of operation, Resection & Suprapubic Cystotomy Date of 3/9/35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Proctor MD M. D.

(Address) Md Gen Hospital

R 11 1935

INSTRUCTIONS: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-b

F 10520

HEALTH DEPARTMENT—CITY OF BALTIMORE

10520

CERTIFICATE OF DEATH

200-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean V. Edwards

(a) Residence: No. 2020 Breitwert Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13-1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles E. Edwards

14. BIRTHPLACE (city or town) (State or country) Halifax Nova Scotia

MOTHER

15. MAIDEN NAME Helen Hanneberry

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Charles E. Edwards

(Address) 2020 Breitwert Ave.

18. BURIAL, CREMATION, OR REMOVAL

Lorraine Cemy Date 3/12 19 35

19. UNDERTAKER Leonard Funeral Home

(Address) 1-30-W Frankfort Rd

20. FILED MAR 11 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8-35 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of death not determined.	

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. L. Values M. D.
Coroner

(Address)

INFORMATION—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

10521

E 10521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH: Home for Incurables
CITY OF BALTIMORE: (No. 40th St. & Keswick Road St., 13 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 68 yrs. 7 mos. 23 ds. How long in U. S. If of foreign birth?... yrs. mos. ds.

2. FULL NAME: Margaret Frances Oaksmith

(a) Residence: No. Home for Incurables 40th st & Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alvin Oaksmith

6. DATE OF BIRTH (month, day, year) July 16, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	7	23 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Cook
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Meiser
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) M. F. Owens, Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Mar. 13, 1935

19. UNDERTAKER (Address) Wm. J. Fuchs & Sons, Lynch & Pac

20. FILED MAR 11 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1931 to March 10, 1935
I last saw h[illegible] alive on March 9, 1935. Death is said to have occurred on the date stated above, at 6.12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular hypertensive disease	1920?
Hemiplegia	1931
Myocardial insufficiency	1935

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Hanford Hopkins, M. D.
(Address) 244 Mas. Cit. Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

10522 E 10522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....da. How long in U. S. If of foreign birth? Life .....yrs.....mos.....da.

2. FULL NAME Peter Campbell Erdman

(a) Residence: No. 3215 Taylor Avenue St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Elzena (Brown)

6. DATE OF BIRTH (month, day, year) Dec. 13, 1862.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
72	2	25 27	########

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Florest

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frederick Erdman

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Reed

16. BIRTHPLACE (city or town) Scotland (State or country)

17. INFORMANT Mrs L Erdman

(Address) 3215 Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3/13/35

19. UNDERTAKER Geo. J. Pfeltz, Inc.

(Address) 1728 Madison Ave

20. FILED MAR 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.15 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. S. L. Calvin Coroner, M. D.

(Address) 508 E Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

10523

CERTIFICATE OF DEATH

F 10523

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward L. Gray

(a) Residence: No. 1624 Westwood ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 1-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24		8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pat House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lewis E. Gray

14. BIRTHPLACE (city or town) (State or country) Colored U S

MOTHER

15. MAIDEN NAME Sarah Gray

16. BIRTHPLACE (city or town) (State or country) Colored U S

17. INFORMANT Sarah Gray

(Address) 1624 Westwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 3/12 1935

19. UNDERTAKER Francis A. Hemsley

(Address) 544 E. Biddle St.

20. FILED MAR 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on ..... 9th. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Bronchial Pneumonia	4 days

Other contributory causes of importance:

Accident	March 4-35

Name of operation None Date of March 9 35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? accident Date of injury March 4 1935

Where did injury occur? River & Holly St Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Foot Bridge over River

Manner of injury Fell from foot bridge

Nature of injury Fracture of base of skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine M. D. Coroner

(Address) 16 E Lexington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS6

M. D. F 1203-0 F 10521

F 10524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 4 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Lester Wilbert Hess

(a) Residence: No. Amaranth, Pa St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 19/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Amaranth. Pa

FATHER

13. NAME Wilbert S. Hess

14. BIRTHPLACE (city or town) (State or country) [redacted] Pa

MOTHER

15. MAIDEN NAME Mildred McKee

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Wilbert S Hess

(Address) Amaranth, Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Amaranth Pa Date 3/11/35, 1935

19. UNDERTAKER J.O-Mitchell

(Address) 1900 Eutaw Place

20. FILED MAR 12 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	

Other contributory causes of importance:

Tonsilitis- Anaemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Gaston, M. D.

(Address) 698 E Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WARNING—THIS IS A PERMANENT RECORD. Every item of

M. D. B. 10525 — Dr Pulter — ✓ F 10525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1726 Pulsbery St., 15 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Bertie Freeman

(a) Residence: No. 1726 Pulsbery St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

6. If married, widowed, or divorced (or) WIFE of James Truman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Powhatan Co Va

FATHER

13. NAME Jordan Green

14. BIRTHPLACE (city or town) (State or country) Powhatan Co Va

MOTHER

15. MAIDEN NAME Narcutia Bell

16. BIRTHPLACE (city or town) (State or country) Powhatan Co Va

17. INFORMANT Ada Truman
(Address) 1726 Pulsbery St

18. BURIAL, CREMATION, OR REMOVAL Hollywood Cem Va
Place Powhatan Co Date March 11 1935

19. UNDERTAKER Robert P Killiam
(Address) 13-15 W Eldery St

20. FILED ___ 19___ ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 3 5 1935 to 3 9 1935

I last saw h[illegible] alive on 3 9 1935 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) B M Reilly, M. D.

(Address) ___

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-30 F 10526 ✓ F 10526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 546 Fairmount St., 17 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Spriggs

(a) Residence: No. 546 Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9 10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cabarrus Co
(State or country) N. C.

FATHER

13. NAME James Spriggs

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Ella Boone

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Felix Knox
(Address) 546 Fairmount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Mar. 12, 1935

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Eastman St

19. FILED MAR 12 1935 Huntington Ashburne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1935 to Mar 7, 1935

I last saw her alive on Mar 6, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/3/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. W. Thompson, M. D.

(Address) 1924 Pennsylvania Ave

K—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] F 10527 ✓ F 10527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 10 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Cap

(a) Residence: No. 914 N. Central Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) May 5, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37 60

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Hoff.

14. BIRTHPLACE (city or town) (State or country) Bohemia.

MOTHER

15. MAIDEN NAME Mary Wisle.

16. BIRTHPLACE (city or town) (State or country) Bohemia.

17. INFORMANT Miss Anna Wisle
(Address) 914 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cemetery Date May. 12, 1935

19. UNDERTAKER Edwin W. Conklin
(Address) 224 E. Eager St.

20. FILED MAR 12 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/9 1935 to 3/10 1935.

I last saw her alive on 3/10 1935 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	8 ms.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Ketter M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F D 10528 Jenny Berry ✓ F 10528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. St., 14 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jenny [illegible] Berry

(a) Residence: No. 65 East Lane St., Tottenville Ward. Staten Island

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert Berry

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robert Berry

(Address) Tottenville Staten Island

18. BURIAL, CREMATION, OR REMOVAL

Place Greenbay Va. Date 3-12 1935

19. UNDERTAKER Mrs Oda Snowden

(Address) 1129 N. Caroline

20. FILED MAR 12 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1935 to 3-8 1935

I last saw her alive on 3-8 1935 Death is said to have occurred on the date stated above, at 11.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2-14
Pneumococcus Empyema	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 10529 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10529

CERTIFICATE OF DEATH

92-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 W 33rd St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ebenezer Pyle

(a) Residence: No. 713 W 33 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bertha Pyle

6. DATE OF BIRTH (month, day, year) May 8 - 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ebenezer Pyle

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth McBee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha Pyle

(Address) 713 W 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 3/13 35

19. UNDERTAKER Cynthia W Fisch

(Address) 709 W 33 St

20. FILED Huntington Williams, Registrar.

MAR 12 1935

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) March 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1934 to March 10, 1935

I last saw h[illegible] alive on March 10, 1935. Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1925
Contributing	

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Cynthia W Fisch M. D.

(Address) 709 W 33rd St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1206-9 F 10530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10530

CERTIFICATE OF DEATH

X 128

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Gesell

(a) Residence: No. Westminster, St., Maryland. Ward.

(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Pearl Gesell

6. DATE OF BIRTH (month, day, year) June 10, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

FATHER

13. NAME Mr August Gesell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz. Zehner.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place County Cemetery Date Mar. 14. 1935

19. UNDERTAKER H. M. Watt

(Address) Westfield Md.

20. FILED MAR 12 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 11 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 2 - 14 , 1935, to 3 - 11 , 1935

I last saw him alive on 3 - 11 , 1935. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolus Pulmonary	2-26-35
Acute Hemorrhagic Pancreatitis	3-11-35
	2-10-35

Other contributory causes of importance:

Subacute appendicitis

Name of operation Appendectomy Cholecystectomy Drainage of Pancreas Date of 2-14-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. A. Proctor M.D. , M. D.

(Address) Med Arts Bldg.

M. D. B 1268-9

10531 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10531

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 W. Fulton St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred E. Weeks

(a) Residence: No. 1428 W. Fulton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Franklin Weeks

6. DATE OF BIRTH (month, day, year) July 8 1856

7. AGE — Years 78 — Months 8 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT W. W. Weeks

(Address) 819 N. Bentalou

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 12 1935

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Contributory	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leroy Friedman, M. D. Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 12 1935

M. D. 1-1268 F 10532

F 10532

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N Monroe St. 70 Ward)

Length of residence in city or town where death occurred 62 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Lawler

(a) Residence: No. 110 N Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie L. McKenna Lawler

6. DATE OF BIRTH (month, day, year) Mar 14 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	11	20 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Thomas Lawler

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Annie L. Lawler
(Address) 110 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/14/ 1935

19. UNDERTAKER John J. Conway & Son
(Address) 501 Hollins St.

20. FILED MAR 12 1935 Hunting Toy Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/ 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to March 11 1935

I last saw him alive on March 10 1935. Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/11/35
Other contributory causes of importance: Arteria Sclerosis	1933

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. O'Neill M. D.

(Address) 108 N Fulton Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 268-2 F 10533

✓ F 10533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Mt. Royal Avenue St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Bina Kavanagh

(a) Residence: No. 1518 Mt. Royal Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) ---------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public School Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

FATHER

13. NAME Martin J. Kavanagh

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Margaret Faherty

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT James A. Kavanagh
(Address) 1518 Mt. Royal Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 3/13 1935

19. UNDERTAKER Henry H. Meyers and Son
(Address) 5 E. Saratoga St.

20. FILED ---------, 19 --- Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3 1935 to March 10 1935

I last saw her alive on March 10 1935. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3/1/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M D O'Neill M. D.

(Address) 108 N Dutton Ave

V. S. 3

APR 12 1935

M. D. B. 1268-a

F 10534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. F 10534

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Jenkins St., 11 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret J. Williams

(a) Residence: No. 619 Jenkins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos Williams

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	03		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Husband

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edw Mills

14. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

MOTHER

15. MAIDEN NAME Sara Telsburg

16. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

17. INFORMANT Thos Williams
(Address) 619 Jenkins

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date March 25 1935

19. UNDERTAKER Archibald G. Gaddis
(Address) 2101 McCulloh St.

20. FILED ... Registrar

MAR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, In home, or In public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) H. Lamb, M. D.
Coroner
(Address) Govans

vse state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-35—M.&L. No. E 10535

F 10535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

x 11-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1606 E. Preston ST., 8 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Levi Jones

(a) RESIDENCE NO. St. Michaels ST., WARD 1

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Rebecca Jones.

6 DATE OF BIRTH (month, day, and year): Aug 17 1861

7 AGE: Years 74 | Months | Days 17 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer): Contractor

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Talbot Co Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Talbot Co Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Talbot Co. Md.

14 Informant: Olive M. Jones

(Address) 1606 E. Preston

15 Filed MAR 12 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Mar. 10 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935, to Mar 10, 1935

that I last saw him alive on Mar. 10, 1935

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 13 ds.

CONTRIBUTORY (Secondary) Bronchitis & La Grippe

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? St. Michaels.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) J. H. Walters, M. D.

, 19 (Address) 1606 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Michaels Talbot Co Md

DATE OF BURIAL: 3/13 1935

20 UNDERTAKER: Raynor Sanders

ADDRESS: 1413 E. Preston St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H 1268-9 F 10536 ✓ F 10536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lucy Hospital St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Polk Johnson

(a) Residence: No. 2110 Oak St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Jan 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whitestone Va

FATHER

13. NAME Campbell

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Harriet Hut

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Dommes Polk

(Address) 5152 Encountain

18. BURIAL, CREMATION, OR REMOVAL

Place MK Calvary Cem Date 3/14 1935

19. UNDERTAKER Raynor Sanders

(Address) 1243 E. Preston St

20. FILED MAR 12 1935 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 0 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Arterial Hypertension	

Name of operation ..... Date of 20

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Herzog M.D. Coroner. M. D.

(Address) 1305 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 1308 F 10537

F 10537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 N. Gilmor St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thornton

(a) Residence: No. 926 N. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jerome Thornton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Thornton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Anna Thornton

(Address) 926 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mch 14 1935

19. UNDERTAKER Saml. W. Fraser & Son

(Address) 638 N. Gilmor

20. MAR 12 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10/35

22. I HEREBY CERTIFY, That I attended deceased from 3/9/35 to 3/10/35

I last saw him alive on 3/10/35 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3/9/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno S Haverkamp M. D.

(Address) 912 Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item

F 10538

M. D. Register No. F 10538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital 6 Ward)

CITY OF BALTIMORE: (No. St.,

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Phillips

(a) Residence: No. 1615 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black.	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter Private

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Helen Griffin

(Address) 165 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Mch. 13. 1931

19. UNDERTAKER Saml. McCoart & Son

(Address) 238 N. Fulton

20. FILED 19 Registrar.

MAR 12 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 9, 1931.

I last saw him alive on March 9, 1931. Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemolytic Epidemic Peritonitis	3-1
Bilateral Bronchopneumonia	3-8
Ruptured Gastric Ulcer	2-28

Other contributory causes of importance:

Name of operation Attempted Date of 3-1

What test confirmed diagnosis? Ch. L. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Gordhamer M. D.

(Address) University Hospital, Baltimore.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10539

F 10539

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 217 So. Paca St. St., 7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Joerdens

(a) Residence: No. 217 So. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower,

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa M. Joerdens

6. DATE OF BIRTH (month, day, year) Aug. 11-1860.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Joerdens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebecca Lutz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Wm. J. Brandt
(Address) 1905 Chelsea Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date March 14 . 1935

19. UNDERTAKER Stuart J. Mowen
Address 1305 W. Fayette Ave. Huntington Maryland, W.

20. [illegible] . 19

Registrar

MAR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on Inquiry . 19 . Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Mar. 11 1935
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Jos. L. Colburn M. D.
Coroner

(Address) 16 South Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

F 10540 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10540

CERTIFICATE OF DEATH. V11-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 Pierce St.: 18 WARD)

REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Edward L. Coleman

(Residence in Baltimore: No. 935 Pierce St.: 40 yrs., mos., da.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Married

6-DATE OF BIRTH, Feb (Month) 19 (Day) 1894 (Year)

7-AGE, 57 yrs. 11 mos. da.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Laundry 60+1
(b) General nature of industry, business, or establishment in which employed (or employer) Balt Towel Co

9-BIRTHPLACE, (State or Country), Richmond va

PARENTS.

10-NAME OF FATHER, Alexander Coleman

11-BIRTHPLACE OF FATHER (State or Country), Petersburg va

12-MAIDEN NAME OF MOTHER X

13-BIRTHPLACE OF MOTHER (State or Country), Richmond va

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Renita Coleman

(Address) 935 Pierce st

15- Filed MAR 12 1935, 191 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, March (Month) 9 (Day), 1935 (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 15 1935, to March 8 1935, that I saw h[illegible] alive on March 8 1935, and that death occurred, on the date stated above, at 1130 p m.

The CAUSE OF DEATH* was as follows:

Acute Parenchymatous Nephritis

(Duration) yrs. 6 wks ?

CONTRIBUTORY (Secondary) Exhaustion

(Duration) yrs. mos. 2? da.

(Signed) J B Hughes M. D.

(Address) 1413 D Hill St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death 6 yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Zion Cemetery — DATE OF BURIAL, Mar. 13, 1935

20-UNDERTAKER John H. Avers — ADDRESS 638 Dolphin St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10541

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 814 Chauncey Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Lee Blumberg

(a) Residence: No. 814 Chauncey Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 12, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Blumberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Jankoff

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL Herbert Washington Rd. Date 3/11/35 19

19. UNDERTAKER Jack Lewis Inc 1438 E. Baltimore

(Address) Huntington Avenue,

20. FILED ... 19 ... Registrar.

R 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-35. 19

22. I HEREBY CERTIFY, That I attended deceased from February 12. 1935. to March 12. 1935

I last saw him alive on March 12 19 35 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis	1 day

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Wolfe M. D.

(Address) 1331 E. Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 10542

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10542

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Greenberg

(a) Residence: No. 213 E. Fairmount Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dob

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holmes Rosedale Date 3/11/35 19

19. UNDERTAKER Jack Lewis Inc. 1438 E. Baltimore St. Huntington Woodlawn, N.Y.

(Address)

20. FILED ... 19... Registrar.

AR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1935 to 3-11, 1935

I last saw him alive on 3-11, 1935. Death is said to have occurred on the date stated above, at 11 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia - of undetermined etiology	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Daniel Schwartz, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10543

CERTIFICATE OF DEATH

✓ 46-E

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Virginia Ave. St., 27 Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert F. Mc. Comas

(a) Residence: No. 3304 Virginia ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edith E. Mc. Comas

6. DATE OF BIRTH (month, day, year) aug 6th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Power Instructor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U. Railways & E. Co.

10. Date deceased last worked at this occupation (month and year) aug. 18 1934

11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (City or town) (State or country) Harford Co. Maryland

FATHER

13. NAME George Mc. Comas

14. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Edith E. Mc. Comas

(Address) 3304 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Harwood Date March 13 1935

19. UNDERTAKER Frederick Lancaster & Sons

(Address) 1421 Eutaw Place

Huntington Williams

19... Registrar.

R 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from aug 1 34 to March 9 35 19...

I last saw ... alive on March 9 1935. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon — Date of onset aug 1 34

Liver Metastasis — March 9 35

Toxemia Uremia — March 9 35

Other contributory causes of importance:

Senility Cardiac Failure — March 9 35

Name of operation ... Date ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10544

F 10544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Ailsa Ave. St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss CAROLINE SCHERER

(a) Residence: No. 2400 Ailsa Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) Aug.26, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry William Scherer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Wursten

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Rose Bishop (Niece)

(Address) 2400 Ailsa Ave.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cem. Mar.12.1935
Place Date 19

HENRY SANDER & SONS. INC.

19. UNDERTAKER

(Address) Baltimore & Broadway.

Huntington Printing Co., Md.

20. Filed ..... 19..... Registrar.

127935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar.10.1935 19

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to March 10 1935

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12.45p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	March 1-
Bronchopneumonia	March 3-
Chr. Myocarditis	1930

Other contributory causes of importance:

Acute Cardiac Dilatation	March 8
Trauma	March 8

Name of operation ✓ Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. W. Bishop M. D.

(Address) 501 Glendale Av.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

F 10545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10545

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Neville

(a) Residence: No. 1200 - Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Catherine Furlong

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Thomas Neville

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Bridget Brown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sister Stanislaus, Sup.
(Address) 1200 - Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 14. 1935

19. UNDERTAKER: Rita Wiedefeld
(Address) 814 Greenmount Ave

AR 121935

20. FILED [illegible], 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 March 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to March 11 1935

I last saw him alive on March 11 1935. Death is said to have occurred on the date stated above, at 9: p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Arteriosclerosis	?
Hypertension	?

Name of operation: Autop. Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McC. Parker, M. D.

(Address) 1114 Hanford Ave

Please answer all questions carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10546

MD. B. [illegible]

2965 73

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10546

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27-11 ..... Ward) V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Thomas

(a) Residence: No. 105 Overhill Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Henry M

6. DATE OF BIRTH (month, day, year) June 16, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Gilson Carey

14. BIRTHPLACE (city or town) (State or country) Baltimore "

MOTHER

15. MAIDEN NAME Josephine Poe

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date 3-12-35 19

19. UNDERTAKER Henry W. Jenkins & Sons Co (Address) Overlea Md Eastern

20. FILED MAR 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935 to March 10, 1935

I last saw her alive on March 10, 1935 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Feb 25, '35
Cardiac failure	"

Other contributory causes of importance:

Arterio-sclerosis	1915-20
chr. vascular Nephritis	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? EKG Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Morgan Cutts M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should [illegible]. AGE should be stated EXACTLY.

F 10547

F 10547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 W Madison St., 11 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C Read Jr

(a) Residence: No 205 W Madison St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

3a. If married, ~~widowed~~ or ~~divorced~~, HUSBAND of (~~or WIFE of~~) Julia P Read

6. DATE OF BIRTH (month, day, year) Sept 20th 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ~~ded~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John C Read Sr

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emma C White

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Julia P Read

(Address) 205 W Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 13th 1935

19. UNDERTAKER Henry M Jenkins Sons Co

(Address) Oakdale Ave Catlett St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1933 to Mar 11. 1935.

I last saw h~~im~~ alive on Feb 19, 1935. Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	Jan/33
Senile	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Negn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W W Peard M. D.

(Address) 2165 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

V S 3

M. D. # 10548 F 10548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Reservoir St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. C. Davis

(a) Residence: No. 607 Reservoir St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of C. P. Davis

6. DATE OF BIRTH (month, day, year) Sept 30 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	70	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Charles H. Brookhite

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Virginia Fitch

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT C. P. Davis
(Address) 708 Reservoir St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 13, 1935

19. UNDERTAKER Henry Hopkins & Son
(Address) Eutaw & Baltimore

20. FILED MAR 12 1935 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1935 to March 10, 1935
I last saw h[illegible] alive on March 9, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Angina Pectoris	8 days

Other contributory causes of importance:
Arteriosclerosis
Myocardial degeneration
Hypertension

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jack A. Morgan M. D.
(Address) 6 E. Read St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

M. D. P. 1268-9

F 10549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10549

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 East 30th St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LUCY D. JEFFERSON

(a) Residence: No. 2032 East 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert T. Jefferson

6. DATE OF BIRTH (month, day, year) Feb. 14, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	—	25 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME James H. Sanner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maria Therle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs C. C. Sanner
(Address) 2032 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date March 13 1935

19. UNDERTAKER Chas. P. Kraus & Son
(Address) 115 W. Mt. Royal Ave
Huntington Williams, Mgr.

20. FILED MAR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to March 11 1935

I last saw h[illegible] alive on Mar. 5 1935. Death is said to have occurred on the date stated above, at early a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	several years
Cerebral Hemorrhage	

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. L. Blake M. D.

(Address) Med Art Bldg

V 5 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Age should be stated EXACTLY. PHYSICIANS should

Spec—9-30-A & C-25M

F 10550

F 10550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Division St. 14 Ward)

REGISTERED NO. 107-a
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Gregor

(a) RESIDENCE NO. 1810 Division St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, Widowed, or Divorced, (~~write~~ the word)
F	W.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Gregor

6 DATE OF BIRTH (month, day, and year) Feb-3-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Jno Hartung

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Jno Gregor
(Address) 3027 Brown Ellis Ave

15 Filed —, 19— For Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 10-1935

17

I HEREBY CERTIFY, That I attended deceased from March 6, 1935, to March 10, 1935

that I last saw h— alive on —, 19—

and that death occurred, on the date stated above, at 4:30 A. M.

The CAUSE OF DEATH* was as follows:

Broncho — Pneumonia.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho — Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Walter E. Tibbitt M. D.

, 19 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemet DATE OF BURIAL Mar 13 1935

20 UNDERTAKER Portmans & Poe ADDRESS 2204 N. Charles St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 10551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10551

11-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 632 Sterling St., 5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Weems

(a) Residence: No. 632 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Weems

6. DATE OF BIRTH (month, day, year): 1896

7. AGE: Years 39 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 8070
10. Date deceased last worked at this occupation (month and year): ✓
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): St. Marys Co. Md.

FATHER
13. NAME: Dallas Taylor
14. BIRTHPLACE (city or town) (State or country): St. Marys Co.

MOTHER
15. MAIDEN NAME: Lena Monroe
16. BIRTHPLACE (city or town) (State or country): St. Marys Co.

17. INFORMANT: Thomas Taylor
(Address) 837 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Bloomingdale Date: March 12 1935

19. UNDERTAKER: Mrs. Geo. H. Williams
(Address) 1631 Druid Hill Ave.

20. FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/22 1935 to 3-8 1935

I last saw her alive on 3-5 1935 Death is said to have occurred on the date stated above, at 9.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/22/35

Other contributory causes of importance:
Indefinite
Probably Hippe

Name of operation: None Date of
What test confirmed diagnosis: Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jas R. Blake M.D.
(Address) 924 Aisquith St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

F 10552

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10552

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2821 Reese St., 9 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Cora Carroll

(a) Residence: No. 2821 Reese St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Upsher

6. DATE OF BIRTH (month, day, year) Nov 15/1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Charles Braxton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Josephine Allsop

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hattie Morton (sister)

(Address) 2821 Reese

18. BURIAL, CREMATION OR REMOVAL

Place Pleasant Rest Cem. Date 3-13, 1935

19. UNDERTAKER Byron & Manus H. Knight

(Address) 1st Ave & Belgrade Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation inquiry Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

R 12 1935

Instructions: Fill in this CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10553

F 10553 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 Maine Ave W. 28 Ward)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irving Merrill Selby

(a) Residence: No. 4208 Maine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	9 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James E. Selby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Ayers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT EMMA ZIMMERMANN
(Address) 4208 MAINE AVE

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cem Date MAR. 12 1935

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED 12 13 1935, 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1935 to Mar 9 1935

I last saw him alive on Mar 7 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1930
Other contributory causes of importance:	
Cerebral Embolism	1933

Name of operation — Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo A Evans M. D.

(Address) 1800 N. Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 10554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10554

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 240 N. Milton avenue St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... ds.

2. FULL NAME Ignatius Walczuk

(a) Residence: No. 240 N. Milton Avenue St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired old

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Ignatius Walczuk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Josephine Chojnowski (Daughter)

(Address) 2417 Fleet Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 13 1935

19. UNDERTAKER John M. Wilbur

(Address) 401 S. Charles St

20. FILED MAR 12 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. ..., 1934 to Mar. 9, 1935

I last saw him alive on March 7, 1935 Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1934
Starvation due to obstruction by growth	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George D. Kilpatrick, M. D.

(Address) 432 S. Patterson Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 10555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10555

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Aliceanna St., V Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joanna Grzymala

(a) Residence: No. 1603 Aliceanna St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 30, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Victor Grzymala

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katherine Wengrzynek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Katherine Grzymala
(Address) 1603 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 12, 1935

19. UNDERTAKER John M Welsh
(Address) 401 S. Chester St

20. FILED ... 19... Registrar.

MAR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1130 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Petrenzo md M. D.

(Address) 1305 E Fallsway Coroner

M. D. F. No. F 10556 ✓ F 10556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-7 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 S. Washington St. St., 7 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franciszka Trzcinska

(a) Residence: No. 215 S. Washington St/ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Trzcinski

6. DATE OF BIRTH (month, day, year) Dec. 71870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work 01-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Malinowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Trzcinski
(Address) 215 S Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Mch. 13, 1935

19. UNDERTAKER Fred W Ozazewski
(Address) 1930 Eastern Ave.

20. FILED . 19 Registrar.

MAR 12 1935 Huntington Pittsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935 to March 8, 1935

I last saw h alive on March 8, 1935. Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

Apoplexy (Cerebral Hemorrhage)
Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Nowowski, M. D.

(Address) 2552 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

✓ F 10557

F 10557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5160 Edmondson Ave 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Murray

(a) Residence: No. 5160 Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Sarah Murray

6. DATE OF BIRTH (month, day, year) March 6 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Elec Service

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Murray

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs John Quinn
(Address) 5160 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date March 14 1935

19. UNDERTAKER Margaret E. Flynn
(Address) 7107 N. Milton Ave

20. FILED Huntington Williams Registrar

R 12 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1934 to March 11 1935.

I last saw him alive on March 11 1935. Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	not known
Generalized arteriosclerosis	yrs
Cardiac Hypertension	
Other contributory causes of importance:	
Acute Cardiac Dilatation	1 day 3.11.35.

Name of operation none Date of

What test confirmed diagnosis Physical Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west street

M. D. P. 1268-9

F 10558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys Washington

(a) Residence: No. Columbia Rd. Ellicott City, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 14, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

FATHER

13. NAME Louis Washington

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Washington
(Address) Ellicott City, Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls. Howard Co. Date 3/15. 1935

19. UNDERTAKER F. C. Hospitalton Jr.
(Address) Ellicott City Md

20. FILED 3/12/1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11. 1935 to March 12. 1935

I last saw h[illegible] alive on March 11. 1935. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia bilateral	3/5/35

Other contributory causes of importance:

Partial atypical pneumothorax 3/4/35

Name of operation [illegible] Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. D. Eagles, M. D.

(Address) Univ. Hosp. - Balto. Md.

M. D. P. 1268-9 — Exact statement of MANNER and CAUSE of DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 10559

10559 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Agnes Louis Agnes Louis

(a) Residence: No. 700 E. Balto. St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Louis

6. DATE OF BIRTH (month, day, year) Mch 14 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. J. Hooper

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Elizabeth Preble

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. G. Louis

(Address) 700 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Pet. Co. Date Mch 13. 1935

19. UNDERTAKER Laird Landsheimer & Co.

(Address) 1902 Eutaw Place

20. FILED 3-12-1935 By Lillian Williams Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-3-35, 19..., to 3-10, 1935

I last saw her alive on 3-10-35, 19... Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyemia caused by pyelo phlebitis. Initial cause was intestinal obst	1-31-35
Other contributory causes of importance: Carcinoma of Cervix	?

Name of operation Laparotomy Date of 2-3-35

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Gibbons M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10560

10560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Arlington Ave 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Emma Fowler Tutt

(a) Residence: No. 606 N. Arlington Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 6, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0090

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME George Barber

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Amanda Wyatt

16. BIRTHPLACE (city or town) Cambridge (State or country) Md.

17. INFORMANT Edith W Whitaker

(Address) 606 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Evergreen Date Mar 12, 1935

19. UNDERTAKER Wm. Katie R Williams

(Address) 322 N Schroeder St

20. FILED MAR 12 1935 Wm. Katie R Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-8- 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-25- 1935 to 3-8- 1935

I last saw her alive on 3-7- 1935. Death is said to have occurred on the date stated above, at 8.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-25-35

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. H. Cargill, M. D.

(Address) 611 N. Carrollton

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

V F 10561

10561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242 N. Poppleton St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Raymond C. Travis

(a) Residence: No. 242 N. Poppleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	1	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lour Smith

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Louisa Travis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louisa Travis

(Address) 242 N. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date 3/13/35

19. UNDERTAKER Harry Peter Williams

(Address) 322 N. Schroeder St.

20. FILED 3/12/35 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11-1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.. alive on ....., 19..... Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
–	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Feller, M. D. Coroner

(Address) 2739 Eastern Ave.

See instructions on back of certificate.

M. D. R. 1268-9

F 10562

10562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. 16-10 Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F. Trabert

(a) Residence: No. 36 S. East ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank A. Trabert

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Julia Fazgdgis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frank First Trabert
(Address) 36 S. East ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 13 1935

19. UNDERTAKER Frank V. Pipitone
(Address) 2812 E. Balto st

20. FILED MAR 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/6 . 1935 to 3/10 . 1935

I last saw him alive on 3/10 . 1935. Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular Renal disease. Hypertension	

Other contributory causes of importance:

Anemia
Hypertension

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

V S 3 — OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. D. 1268-0

F 10563

HEALTH DEPARTMENT—CITY OF BALTIMORE

10563

CERTIFICATE OF DEATH

53c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 37 yrs. ... mos. ... ds.

2. FULL NAME Victor E. De Paola

(a) Residence: No. 2858 Oakley Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Cross DePaola

6. DATE OF BIRTH (month, day, year) Oct 18, 1894

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
40	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincent De Paola

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Theresa Russo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife Edna Cross De Paola

(Address) 2858 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 14, 1935

19. UNDERTAKER Frank V. Pistone

(Address) 2518 E. Balto. St.

... 19... Registrar.

MAR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1935 to Mar. 10, 1935

I last saw him alive on Mar. 10, 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Compression	3/10
Other contributory causes of importance: Cerebellar Tumor	?

Name of operation Ventricular Puncture 3/5 geo.

What test confirmed diagnosis? X-Ray. Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Herbert Goldstone M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

R 3

M. D. F 1268-9

✓ F 10564

10564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Satterfield

(a) Residence: No. 601 Pierce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly.

6. DATE OF BIRTH (month, day, year) 4/17/76.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sample carrier.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Harrison

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louise Pender

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Friends Bc. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med. School Date Mar 12 19 35

19. UNDERTAKER

(Address)

20. FILED 12 1935 Huntington Williams, M.D.

1179 6 1176

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/17, 1935 to 3/7, 1935

I last saw him alive on 3/7, 1935 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3/35
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1203-0

E 10565

10565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No.) Hebrew Home for Aged St., 2nd Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Rachel Levine

(a) Residence: No. Belvedere & Greenspring Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wolf

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Kimball Supt. (Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Ave. Date 3/12/35

19. UNDERTAKER Jos. Levine (Address) 1433 E. Baltimore

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 10-8-1933 to 3-12-1935

I last saw h[illegible] alive on 3-11-1935 Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3-9-35

Hypertension

Arterio sclerosis

Other contributory causes of importance:

Chr. Bronchitis

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wedyumod Levine M. D.

(Address) Levindale

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 3 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Day.

(a) Residence: No. 407 S. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret.

6. DATE OF BIRTH (month, day, year) 9/8/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47.	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foundry worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Col.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Col.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Iowa.

MOTHER

15. MAIDEN NAME Mary Cary.

16. BIRTHPLACE (city or town) (State or country) Iowa.

17. INFORMANT Walter Day (son)

(Address) 407 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 3/13/35 19

19. UNDERTAKER Bernard Harris

(Address) 1100 S. Pulaski St.

20. FILED 3/12/1935 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3/10 19 35

22. I HEREBY CERTIFY, That I attended deceased from 3/9 19 35 to 3/10 19 35

I last saw him alive on 3/10 19 35 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	2 days.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Cuite M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1928-9

F 10567

F 10567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 165

1. PLACE OF DEATH — Declared dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Wladyslaus Kensicki

(a) Residence: No. 62 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of — Josephine

6. DATE OF BIRTH (month, day, year) — 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Not employed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Poland

FATHER

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) — Poland

MOTHER

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — Poland

17. INFORMANT — Josephine Kensicki (wife)

(Address) — 6 2 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place — Holy Rosary Date — March 13 1935

19. UNDERTAKER — John M. Weber

(Address) — 401 S. Chester St

20. FILED — MAR 13 1935 — Huntington Hill Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Mar 10/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 3/10/35

Where did injury occur? Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place hung himself to bed post in bed room 2nd floor front

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Tagen Coroner, M. D.

(Address) 508 E North Ave

M. D. B. 1268-9 F 10568

F 10568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53-D

1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S. Robinson St. St., Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Rutkowski

(a) Residence: No. 1019 S. Robisnon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	11	18 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Paul Rutkowski

14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER

15. MAIDEN NAME Rose Gras

16. BIRTHPLACE (city or town) Poland
(State or country)

17. INFORMANT Mother
(Address) 1019 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date March 14 19 35

19. UNDERTAKER John M. Weber
(Address) 1401 S. Chester St

20. FILED 19 (Registrar)

MAR 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1934 to March 11, 1935
I last saw him alive on March 11, 1935. Death is said to have occurred on the date stated above, at 9:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of right knee Joint metastases	Dec 1934

Other contributory causes of importance:

Emaciation

Name of operation Date of

What test confirmed diagnosis? P.S.O. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Fryer M. D.

(Address) 26 E. Eden Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 10569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10569

CERTIFICATE OF DEATH

178-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S. Wolfe Street St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonina Marcinska

(a) Residence: No. 227 S. Wolfe Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Lawrence Jaskulski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Slowik Near Forester

(Address) 6517 Beverly Road Idlewylde

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 14. 19 35

19. UNDERTAKER John F. Weber

(Address) 401 E. Chase St

20. FILED 3-13 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation by Illuminating Gas Accidental

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/10 . 19 35

Where did injury occur? 227 S. Wolfe St (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place Home

Manner of injury Asphyxiation by Illuminating Gas

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 1305 N. Calhoun St

OCCUPATION is very important. See instructions on back of certificate.

F 10570

M. D. F. 1[illegible]

F 10570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH XV 46-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Funeral Home, Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Catherine Nolan

(a) Residence: No. Rosedale, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of John T. Nolan

6. DATE OF BIRTH (month, day, year) Sept 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Gotlieb Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John T. Nolan (Husband)
(Address) Registration Md

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date March 14th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MAR 13 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1935 to 3-11 1935

I last saw her alive on 3-11 1935 Death is said to have occurred on the date stated above, at 9 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance: Acute cardiac failure	

Name of operation Exp. Gastro-enterostomy 3-11-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Philip A. Nealon M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1250

F 10571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10571

CERTIFICATE OF DEATH

94-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5629 Reisterstown Rd Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Seibert

(a) Residence: No. 5629 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of ~~WIFE~~ Johanna Seibert

6. DATE OF BIRTH (month, day, year) July 23rd 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 0003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Mar 1935

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lawrence Seibert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Wild

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Johanna C. Seibert
(Address) 5629 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Mar 15 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 19 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 11 1935 to Mar. 12 1935

I last saw him alive on Mar. 12 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Mar 11. 1935

Other contributory causes of importance:

Arteriosclerosis
Cardiac
and general

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical — there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James S. Ashurst M. D.

(Address) 612 Park Hughton

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 10572

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10572

CERTIFICATE OF DEATH

53-a

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jr Chesser

(a) Residence: No. 67 W Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or race White | 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of George P. Chesser ?

6. DATE OF BIRTH (month, day, year) Feb 28 1865

7. AGE — Years: 70 | Months: 0 | Days: 13 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Daniel Dodd

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha Phillips

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Mar 13 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 13 1935 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 1935

I HEREBY CERTIFY, That I attended deceased from March 6, 1935 to March 11, 1935

I last saw h alive on March 11, 1935 Death is said to have occurred on the date stated above, at 12:25 A.M.

The principal cause of death and related causes of importance were as follows:

a Pneumo-thorax-Left
b Weight & Metabolism

Date of onset ?

Other contributory causes of importance: Broncho-pneumonia 3/10/35

Name of operation Hypostatic stasis Date of 3/9/35

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Samuel K. Ford M. D.

(Address) Balto City Hosp

Rev

Rev

Rev

M. D. B. 1268-9 10573 F 10573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 W. Cross St. 21 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilmer Shilow

(a) Residence: No. 1012 W. Cross St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Carrie M. Shilow

6. DATE OF BIRTH (month, day, year) June 15th 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	8 10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett-Hayward Co

10. Date deceased last worked at this occupation (month and year) Feb 2nd 1935

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Augustus Shilow

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Rose Gauer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carrie M. Shilow
(Address) 1012 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 14th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	about 10-35

Other contributory causes of importance:

Suicide	about 10-35
Injuries	about 10-35

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury about 10 1935

Where did injury occur? Baltimore MD
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home of 1012 Cross St.

Manner of injury Hanging

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Valentine M. D.
Coroner

(Address) 16 S. Broadway

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. P. 1268-A F 10574

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10574

CERTIFICATE OF DEATH

Registered No. ✓ 91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Woodlawn Rd 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia Keifer

(a) Residence: No. 408 Woodlawn Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of ~~HUSBAND of~~ John Keifer

6. DATE OF BIRTH (month, day, year) May 28th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

13. NAME Allen Wilson

FATHER

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Hackett

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Wm H. Parker

(Address) 408 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 13th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1935 to Mar 11 1935

I last saw h[illegible] alive on Mar 11 1935 Death is said to have occurred on the date stated above, at 1230 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral and general arterio sclerosis	2 yrs
Other contributory causes of importance: Cardiac asthenia	2 mos

Name of operation None Date of

What test confirmed diagnosis? Ey Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 3429 Chestnut Ave

OCCUPATION is very important. See instructions on back of certificate.

R 13 1935 [illegible]

M. D. B 1208-9

F 10525

F 10575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Sick yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernadette Logan

(a) Residence: No. 1304 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of June 26/28

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
6	8	8	12 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Dundas Logan

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Mary Nash

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Logan
(Address) 1304 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date Mar 13 35 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10/35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at p A.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Congenital Heart
(Probably patent foramen ovale)

Other contributory causes of importance:

Name of operation inquiry Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. E. Kelson M. D.
Coroner

(Address) 1303 Presstman St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1266-9 F 10576

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10576

93-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Essex St., 1 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

2. FULL NAME Josephine Kulz

(a) Residence: No. 2230 Essex St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kulz

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Anthony Kulz

(Address) 610 Bulgood Ave

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place St. Stanislaus Date Mar. 14. 1935

19. UNDERTAKER M. F. Sadowski

(Address) 1740 Eastern ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. P. Henry M. D.
Coroner

(Address) 305 N Fallsway

M. D. B. 1269 F 10577

F 10577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 Burgundy St., 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie McFarland

(a) Residence: No. 545 Burgundy St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. McFarland

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Kissie Mosie

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. McFarland

(Address) 545 Burgundy

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cmty Date 3/13 19 35

19. UNDERTAKER Walter B. Zanger

(Address) 139 W. Hamburg St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11 35

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 19 35 to Mar 11 19 35

I last saw her alive on Mar 10 19 35 Death is said to have occurred on the date stated above, at 9 15 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, cause undetermined (Primary)	Feb 2 35

Other contributory causes of importance: None

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John W. Garner M. D.

(Address) 615 S. Gaza St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10578

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10578

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Aaron Parker

(a) Residence: No. 531 W Cross St St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) March 20, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	11	9 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Parker

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

MOTHER

15. MAIDEN NAME Georgia Davis

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

17. INFORMANT John Parker

(Address) 531 W Cross St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemty Date 3/13 . 1935

19. UNDERTAKER Walter B. Jones

(Address) 139 W. Hamburg St.

20. FILED ... 19... E. L. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11 . 1935

22. I HEREBY CERTIFY, That I attended deceased from injury . 19 . to . 19

I last saw him alive on injury . 19 . Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	

Other contributory causes of importance:

automobile accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/11 . 1935

Where did injury occur? Russel St w. Cross St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident.

Manner of injury ran over by auto truck

Nature of injury while playing in street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Cokonis Coroner . M. D.

(Address) 2108 E Madison St

M. D. B. 1268-9 F 10579

F 10579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Frida Koenisberg (Kenigsburg)

(a) Residence: No. 210 S. Caroline st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Pincus.

6. DATE OF BIRTH (month, day, year) Apr. 15, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	60	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Bennie Glasmax

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Shirley ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Levan Herrup Rd. Date 3/13. 1935

19. UNDERTAKER H. Levinson & Bro

(Address) 1127 E Balto st.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8 1935 to March 12 1935

I last saw her alive on March 12 1935 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 days
Other contributory causes of importance:	
Pulmonary tuberculosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer H. Iverson M. D.

(Address) Baltimore City Hospitals

Instructions on back of certificate.

M. D. F. 1206 — 10580 — F 10580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1802 W. Lexington St. (Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME C. Ernest Cook

(a) Residence: No. 1802 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Ella Cook

6. DATE OF BIRTH (month, day, year) July 11th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Island Md

FATHER
13. NAME Evan Cook
14. BIRTHPLACE (city or town) (State or country) Kent Island Md

MOTHER
15. MAIDEN NAME Anne Wallace
16. BIRTHPLACE (city or town) (State or country) Kent Island Md

17. INFORMANT Ella Cook
(Address) 1802 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL Stevensville Md Date 3/14/35

19. UNDERTAKER F. P. Washington
(Address) 1300 Eutaw Place

20. FILED Mar 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934 to March 12, 1935

I last saw him alive on March 11, 1935. Death is said to have occurred on the date stated above, at 12 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3/12/35
Arteriosclerosis	Indefinite
Aortic Heart Disease	1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. O'Neill, M. D.
(Address) 108 N. Eutaw St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 10581 F 10581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 27-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Myrtle Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Ford

(a) Residence: No. 1135 Myrtle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luella Ford

6. DATE OF BIRTH (month, day, year) March 18, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Ft Mary Po

FATHER

13. NAME Chas Ford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Gorry

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Luella Ford

(Address) 1135 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Mem Date 3/12, 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED 19 Registrar

MAR 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11 35, 19

22. I HEREBY CERTIFY, That I attended deceased from May 11th, 1934 to 3/11/35, 19

I last saw him alive on 3/9/35, 19 Death is said to have occurred on the date stated above, at 4:05 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Interstitial nephritis
Chronic endocarditis

Other contributory causes of importance

Chronic Ulcer of the Jejunum

Name of operation Bone graft of both tibiae

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

INSTRUCTION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10582 HEALTH DEPARTMENT—CITY OF BALTIMORE F 10582

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Thiss.

(a) Residence: No. 651 W Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/14/1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	18 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race horses.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Paul

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lizzie Marburg.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records Bldg.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Mar 3 1935

19. UNDERTAKER Geo Leimbach & Son
(Address) 525 Lynhurst St City

20. FILED 19 Registrar

MAR 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/17 1933 to 3/11 1935

I last saw h. alive on 3/11 1935 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 0 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify

(Signed) Robert A Kato M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

10583

10583

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2111 N. Smallwood St. St., 15 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathilda Iceman,

(a) Residence: No. 2111 N. Smallwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John S. Iceman,

6. DATE OF BIRTH (month, day, year) March 3. 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Penna .

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs John A. Gregorius

(Address) 2111 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Date MAR 14 1935

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED 3-13-1935 Assistant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1935 to Mch 12 1935

I last saw h[illegible] alive on Mch 12 1935 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis - Arteriosclerosis	1930
Other contributory causes of importance: Cystitis	1 Yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) W. Stuart Symington M. D.

(Address) 1 W Mulberry St

See instructions on back of certificate.

M. D. P. 1268-9

F 10584

10584 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10584

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH

Registered No. 156

CITY OF BALTIMORE: (No. 3309 Bloomingdale Road, 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amy Elizabeth Smith,

(a) Residence: No. 3309 Bloomingdale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Albert Smith,

6. DATE OF BIRTH (month, day, year) September 3. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

FATHER

13. NAME Alfred Kirk,

14. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

MOTHER

15. MAIDEN NAME Anni e Thompson,

16. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

17. INFORMANT Geo Albert Smith
(Address) 3309 Bloomingdale Road

18. BURIAL, CREMATION, OR REMOVAL MAR 14 1935
Place Calvert Md Cecil Co. Md Rose Bank Cem. Date

19. UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave.

20. FILED . 19 Registrar.

MAR 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 12 1935

22. I HEREBY CERTIFY, That I attended deceased from . 1930. to March 12 . 1935.

I last saw her alive on March 8 . 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular hypertension	1930
Other contributory causes of importance:	
Cerebral hemorrhage	3/12/35

Name of operation None Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo W Settle M. D.

(Address) 2735 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

MAR 13 1935

M. D. P. 1268-9

10585 F 10585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 Poplar Grove St., 16 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella May Brandt,

(a) Residence: No. 1425 Poplar Grave St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin A.Brandt.

6. DATE OF BIRTH (month, day, year) May 21.1375

7. AGE Years	Months	Days 21	If LESS than 1 day, ... hrs. or ..... min.
59	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stevens Clark,

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Emma Buckless,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edwin A.Brandt,
(Address) 1425 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date MAR 15 1935

19. UNDERTAKER Geo A Sisler
(Address) 2700 Edmondson Ave.

20. FILED ..... 19.. ..... Registrar.

MAR 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1933 to Mar. 12th 1935

I last saw h alive on 12 . 19.. Death is said to have occurred on the date stated above, at 5 31 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	about 2 years

Other contributory causes of importance:

Name of operation Colostomy - R adium treatment Date of

What test confirmed diagnosis ... there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) M P Byrnes . M. D.

(Address) 30 x S W mont ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

10586

F 10586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 107-a

CITY OF BALTIMORE: (No. Rayner and Cleveland St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nellie McCormick

(a) Residence: No. 2703 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Chas. F. McCormick

6. DATE OF BIRTH (month, day, year): July 31, 1864

7. AGE: Years: 70 | Months: 0 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Dewitt Mich.

FATHER

13. NAME: Samuel Cole

14. BIRTHPLACE (city or town) (State or country): East Md.

MOTHER

15. MAIDEN NAME: Mary Boyce

16. BIRTHPLACE (city or town) (State or country): Dulaney

17. INFORMANT: Mrs. Chas. F. McCormick

(Address) 2703 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 5 1935

19. UNDERTAKER: Geo. F. Tilles

(Address) 17 S Eutaw St

20. FILED MAR 13 1935 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-13-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-1 35, 19 to 3-13-35 19

I last saw her alive on 3-13-35, 19. Death is said to have occurred on the date stated above, at 5 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-7-35
Cerebral Sclerosis	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno Ackman, M. D.

(Address) West Baltimore Gen'l Hosp.

INSTRUCTIONS: Every question must be answered. See instructions on back of certificate.

M. D. B. 7268-a F 10587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10587

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 17-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Saunders

(a) Residence: No. 863 W. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 15-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 00+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm. Saunders

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Maggie Stevens
(Address) 863 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Natural Cem Date 3/13/35. 19

19. UNDERTAKER Chas. L. Corbin & Son
(Address) 5 & 7 E. Eutaw St

20. FILED ..... 19..... Registrar.

MAR 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Other contributory causes of importance:	
Acute Edema of Lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Feller M. D.
Coroner

(Address) 2739 Eastern Ave.

M. D. B. 1268-9

F 10588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10588

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital.

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lester L. Buckholtz

(a) Residence: No. 2601 Hampden Ave. St., City Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara M. Buckholtz

6. DATE OF BIRTH (month, day, year) Nov. 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting

10. Date deceased last worked at this occupation (month and year) March, 1934

11. Total time (years) spent in this occupation 45 (about)

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Henry Buckholtz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Gephart

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Howard. (Address) Lester L. Buckholtz,

18. BURIAL, CREMATION, OR REMOVAL Loy Hill Cem. Laurel Md. Date Mar. 13/ 19 35

19. UNDERTAKER J. Walter Davis (Address) 3418 Edgewood Ave. Huntington Woods, N.J.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1935 to March 12, 1935

I last saw him alive on March 12, 1935 Death is said to have occurred on the date stated above, at 12 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3-10-35
acute infection of right leg (streptococcus)	~~Oct. 1934~~ Oct. 1934
Other contributory causes of importance:	
arteriosclerotic heart disease	?
nephritis - chronic	?

Name of operation Incision & drainage of leg Date of 3-9-35

What test confirmed diagnosis? NPN Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Henry M. Hynson M. D.

(Address) Union Memorial Hospital

A&Co. 5-11 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

10589

93-C

10589

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3927 E Pratt St., 76 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ANNA CONCETTI. GIULIANA FISCHETTI

(a) Residence: No. 3927 E Pratt St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	~~MARRIED~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ANTHONY FISCHETTI

6. DATE OF BIRTH (month, day, year) FEB. 13-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	-	26 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME REGILA FORZITTI
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT DOMINICK FISCHETTI
(Address) 3927 Pratt St

18. BURIAL, CREMATION, OR REMOVAL Date Mar 14 1935
Place St Stanislaus

19. UNDERTAKER Lilly-Zeiler Inc.
(Address) 403 S Broadway

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934 to March 11, 1935

I last saw her alive on Mar. 11, 1935, death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

chr. Myocarditis
acute Cardiac Dilatation

Date of onset ?

Other contributory causes of importance

chr. Myocarditis Bronchitis ?

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan J. Davidow, M. D.

(Address) 3228 Eastern Ave

OCCUPATION IS TO BE INSERTED EVEN IF NONE. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. P. 1348-9

10590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10590

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Brehm

(a) Residence: No. 512 S. Bouldin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) 1/17/64.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Adam

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Eva ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Mar 14, 1935

19. UNDERTAKER Kelly & Zeiler Inc

(Address) 703 S. Hope st

20. FILED Apr 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1935 to 3/12, 1935

I last saw him alive on 3/12, 1935 Death is said to have occurred on the date stated above, at 0 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reuter, M. D.

(Address) Balto City Hosp

APR 13 1935

M. D. F. 1268-9

F 10591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10591

CERTIFICATE OF DEATH

62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Thomas

(a) Residence: No. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

2a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 5/20/1887.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Isaac Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Stansbury

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ricardo Bean.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/14/35

19. UNDERTAKER Robert Miller & Sons

(Address) 1215 W. Baltimore St.

Filed 3/13/35, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/15, 1934 to 3/7, 1935

I last saw h alive on 3/4, 1935 Death is said to have occurred on the date stated above, at 9:10 p. m.

The principal cause of death and related causes of importance were as follows:

Pellagra — Date of onset (3 mos.)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Laurd A Reuter M. D.

(Address) Balto City Hosp.

Instructions on back of certificate. See Instructions on back of certificate.

M. D. H. 1268-9

F 10592

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10592

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hamilton

CITY OF BALTIMORE: (No. 4805 Holder ave St. 27 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry albert Cable

(a) Residence: No. 4805 Holder Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Virginia Nelson Cable

6. DATE OF BIRTH (month, day, year) Nov 18 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3 4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc. Copper Works

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Former Lithe Room

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Harry C Cable

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Virginia Reynolds

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Albert Reynolds Cable
(Address) 4805 Holder ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date March 17. 1935

19. UNDERTAKER John Burns Sons
(Address) Towson Md

20. FILED MAR 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15. 1934 to Mar. 11. 1935

Last saw h alive on Mar. 11 1935 Death is said to have occurred on the date stated above, at 11 30 P m

The principal cause of death and related causes of importance were as follows:

Chr Bright Disease — Date of onset 2 yr.

Other contributory causes of importance:

Hypostatic Pneumonia 3 hrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thomas E. Gibson M. D.

(Address) 3 W. Biddle St.

Spc—12-23-21—E.B.R.S.—400 Blks.

F 10593

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10593

CERTIFICATE OF DEATH.

95-B

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 617. S. Curley St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Daniel Yost.

(a) Residence No. 617. S. Curley St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotta.

6-DATE OF BIRTH (month, day and year) Sept 7-1886

7-AGE. 48 yrs. 6 mos. 4 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Tin decorating Co.

(c) Name of employer... Sun Dial Tin Co.

9-BIRTHPLACE (city or town)... Baltimore, Md.
(State or Country).

PARENTS.

10-NAME OF FATHER Conrad Yost

11-BIRTHPLACE OF FATHER (city or town) (State or Country). England

12-MAIDEN NAME OF MOTHER. Wilhelmina Koenigkramer

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Holland

14- (Informant)... Daughter

(Address)... Catherine Yost. 617. S. Curley

15- Filed MAR 13 1935 Huntington Wilhelm, Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). March 10/35

17- I HEREBY CERTIFY, That I attended deceased from January 10. 1935. to March 10. 1935.

that I last saw h.. alive on March 10. 1935.

and that death occurred, on the date stated above, at 345 A.m.

The CAUSE OF DEATH* was as follows:

Hypertrophied & Enlarged Heart

General Poor from History Given

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Labor

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) W. J. Costello M. D.

19 (Address) 335 E. 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Oak Lawn Cem. | DATE OF BURIAL. March 13. 1935

20-UNDERTAKER. G. Sander Sons Inc. | ADDRESS 1710 Eutaw St

M. D. B. 1265-B.

F 10594

HEALTH DEPARTMENT—CITY OF BALTIMORE

10594

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Greenmount Ave St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Stoler

(a) Residence: No. 3208 Greenmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 8 - 1921

7. AGE: Years 13 | Months 6 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER FATHER

13. NAME: Louis Stoler

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Lena Talow

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Louis Stoler
(Address) 3208 Greenmount ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Rosedale Date: 3/13/35 19

19. UNDERTAKER: Geo. Penn Jr. Inc
(Address) 1431 E. Baltimore st

20. FILED ..... 19 ..... Registrar

AR 131935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tolonular Disease of Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John H. Mosser, M. D.
Coroner

(Address) 1632 Roland ave

M. D. P. 1268-9 F 10595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10595

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kirkleigh Villa. St., 27 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPHINE GARCIA.

(a) Residence: No. 4301 Roland Ave. St., Ward. New York
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 13th. 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba.

FATHER

13. NAME Bernard Garcia

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Condita Bonet

16. BIRTHPLACE (city or town) (State or country) Cuba

17. INFORMANT Mrs Lucy McAndrews (Sister.)
(Address) 4301 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Notre Dame Cemetery, Mar. 14, 1935

19. UNDERTAKER Chas. R. Evans & Son
(Address) 118 W. Mt. Royal Ave

FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12th. 1935

22. I HEREBY CERTIFY, That I attended deceased from SEPT 22nd, 1934, to MARCH 12th, 1935.

I last saw h.e.s. alive on MARCH 11th, 1935. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA - WIDE SPREAD	
METASTASIS TO LUNGS, STOMACH, INTESTINES, SPINE	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X RAY Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Thomas L Shearn. M. D.

(Address) 3901 N CHARLES ST

(OVER)

M. D. P. 1268-9

F 10596

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10596

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 W. Fayette St. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Carrie L. Leasure

(a) Residence: No. 1315 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin F. Leasure

6. DATE OF BIRTH (month, day, year) Oct. 26-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	15 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Frederick

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles Leasure
(Address) 1315 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. John's Cemetery Date Mar 14, 19 35

19. UNDERTAKER Clarence E. Cullen
(Address) Fells Pt.

20. FILED 19 Registrar.
(Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Myo-Cardal Insufficiency	Mar. 13 1935.
Other contributory causes of importance:	
Chronic Myo-Carditis	?

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos. L. Valentine M. D.
(Address) 16 South Broadway Coroner

M. D. B. 1268

F 10592 ✓ F 10597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Benson Ave St., 25 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Badwig

(a) Residence: No. 2900 Benson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Badwig

6. DATE OF BIRTH (month, day, year) 6/8/1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Badwig
(Address) 2900 Benson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date March 14 1935

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. FILED MAR 13 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 24- 19 35 to Mar 10 19 35

I last saw her alive on Mar 10 19 35 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri.	1933
Other contributory causes of importance:	

Name of operation Cauterization Date of 11/24/35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

3/13/35 (Signed) A Kelly Fleming M. D.
(Address) 2000 Hollins St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 10598 ✓ F 10598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 10 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George White

(a) Residence: No. 1103 Forest Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lydia White

6. DATE OF BIRTH (month, day, year) Feb 12, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Adam White.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Catherine Hoover.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT John M. White
(Address) 3549 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date May 14 1935

19. UNDERTAKER Chenoweth Bros.
(Address) 3611 Eastern Ave

20. FILED MAY 13 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12, 1935

22. I HEREBY CERTIFY. That I attended deceased from 3-10, 1935, to 3-12, 1935

I last saw h. alive on 3-12, 1935 Death is said to have occurred on the date stated above, at 8 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Card. Hypertrophy - Dilatation	
Chronic Myocarditis	
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Samuel D. Stewart, M. D.

(Address) Sinai Hospital

M. D. R. 1268-9

✓ F 10599

10599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 N Carrollton Ave 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J Dennis

(a) Residence: No. 1116 N Carrollton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
fem	colored	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua M Dennis

6. DATE OF BIRTH (month, day, year) June 30 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 yrs	~~8~~ mos	~~11~~ 11 ds	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Laughlin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Turner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eliza Johnson

(Address) 1116 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Md Date Mar 13 1935

19. UNDERTAKER Thomas F Kelson

(Address) 1303 Presstman St

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 16th, 1935 to Mar 11th, 1935

I last saw her alive on Mar 5th, 1935. Death is said to have occurred on the date stated above, at 6.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Hemiplegia	
Arteriosclerosis	

Other contributory causes of importance:

Senile cerebral process	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W Grant Bell, M. D.

(Address) 354 W Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

✓ F 10600

10600

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tb. 4 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Gray

(a) Residence: No. 723 Sarah Ann st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Gray

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Virginia Gray

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date Mar. 13, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED 3-13-35 Harry Weinberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935 to March 9, 1935

I last saw h. im alive on March 9, 1935 Death is said to have occurred on the date stated above, at 10:30 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	6 mos.
Spontaneous pneumothorax	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

✓ F 10601

10601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 J - 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Davids

(a) Residence: No. 1103 Russell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45 46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Huckster

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Green.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bur. (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Date Mar 3, 1935

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 E Lanvale St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/3, 1934 to 3/10, 1935

I last saw him alive on 3/10, 1935 Death is said to have occurred on the date stated above, at 4:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days

Other contributory causes of importance: None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Katie R. Williams, M. D.

(Address) Balto. City Hosp.

A&Co. 5-H 2508

F 10602 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10602

59

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital 16 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U.S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Ida Schnappinger

(a) Residence: No. 2425 Calvert St., Reg. Ave.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Schnappinger

6. DATE OF BIRTH (month, day, year) May 16 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saxony Germany

FATHER
13. NAME Mr. Seebold
14. BIRTHPLACE (city or town) (State or country) Saxony Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Saxony Germany

17. INFORMANT Mr George Schnappinger
(Address) 2425 Calvert Ave Reg Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date 3/15, 1935

19. UNDERTAKER Joe Herdeck & Son
(Address) 2112 Pacan St

20. FILED MAR 13 1935 Hunter Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1935, to March 12, 1935.
I last saw her alive on March 12 1935 death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Mellitus	
Diabetic Gangrene R foot.	Feb. 1935

Other contributory causes of importance:

Gas Gangrene R leg.	March 1935

Name of operation Amputation R Leg. Date of 3-9-35
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Van Metre M. D.
(Address) Franklin Sq. Hospital

M. D. B 1268-9

F 10603

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10603

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roy Hayes

(a) Residence: No. 230 N. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Hayes

6. DATE OF BIRTH (month, day, year) May 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Allen Hayes

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER

15. MAIDEN NAME Lucille Blake

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Mrs Willie Bush

(Address) 418 N. Carolina

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Mar 14, 1935

19. UNDERTAKER Mrs Isaac G. Bayley

(Address) 1421 Jefferson St

20. FILED MAR 13 1935, 19 Washington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Herzog M.D. M. D.

Coroner

(Address) 1305 N Patterson Park Ave

M. D. B. 1268-9

F 10604

F 10604 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.
CITY OF BALTIMORE: (No. ..... St., 24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Cook

(a) Residence: No. 208 E. Randall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of late Winifred Cook

6. DATE OF BIRTH (month, day, year) aug 31, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto city dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT (Address) Mary Cook (Daughter) 208 E. Randall

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date March 15 1935

19. UNDERTAKER (Address) Margaret J. Flynn 1422 Lizzie St. Williamsport, Md.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from January 26 . 1935 to March 12 . 1935
I last saw him alive on March 12 . 1935 Death is said to have occurred on the date stated above, at 1.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of esophagus.	

Other contributory causes of importance:

Name of operation, Gastrostomy Date of 2-2-35
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

M. D. B. 1268-9

F 10605

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10605

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Cleveland St., 21 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Margaretha Fischbach

(a) Residence: No. 1134 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Manuel Fischbach

6. DATE OF BIRTH (month, day, year): Dec 3-1846

7. AGE: Years 89 | Months 3 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME ? Pfeffer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Andrew Fischbach
(Address) 115 E. Oxford St.

18. BURIAL, CREMATION OR REMOVAL
Place Western Date Mar. 14 1935

19. UNDERTAKER: Margaret E. Flanigan
(Address) 710 W. Lexington St.

20. FILED MAR 13 1935 Huntington Mallonee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/24/35 . 1935 to 3/11/35 . 19

I last saw h. alive on 3/11/35 . 19 . Death is said to have occurred on the date stated above, at 11.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
art Sclerosis	?
Dyg. Syph.	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Terry M. D.

(Address) 710 W. Lexington

Spec.—1-30—M. & T.—250 Blks.

F 10606 F 10606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-S 108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Rosalie Ave. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Caroline Kirby

(a) RESIDENCE NO. 3210 Rosalie Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Samuel F. Kirby

6 DATE OF BIRTH (month, day, and year): Nov 20-1855

7 AGE: Years 79 | Months 3 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Jacob Lawrence

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Caroline Monroe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant (Address): Beatrice M. Sypes Lake Harbor Fla

15 Filed MAR 14 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 11th 1935

17 I HEREBY CERTIFY, That I attended deceased from 3/8/, 1935 to 3/11/, 1935, that I last saw h[illegible] alive on 3/11/, 1935, and that death occurred, on the date stated above, at 10:15 P.m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia, st. upper lob and st lower lobe

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Cardiac failure - chronic

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Lewis P. Tuntey, M. D.

3/11, 1935 (Address) 300 E 21st St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

DATE OF BURIAL: Mar 14 1935

20 UNDERTAKER: Jesse Syfer

ADDRESS: 1600 W. North Ave

M. D. B. 1268-9

10607 E 10607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Venerable Ave St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Calhoun Childs.

(a) Residence: No. 407 Venerable Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Childs

6. DATE OF BIRTH (Month) (Day) (Year) November 22/52

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 73	4	18 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Efficiency 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Lockeysville Md. Co

FATHER

13. NAME Thomas Childs

14. BIRTHPLACE (city or town) (State or country) Md. Co

MOTHER

15. MAIDEN NAME Rebecca Bond

16. BIRTHPLACE (city or town) (State or country) Md. Co.

17. INFORMANT Edgar L. Childs

(Address) 3734 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL Chestnut Ridge Cemetery Date 3/16 1935

19. UNDERTAKER Harry A Wilkes

(Address) 1111 Edmondson Ave

20. FILED 3/13/1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) (Day) (Year) March 12th 35

22. I HEREBY CERTIFY, That I attended deceased from March 8th 1935 to March 12th 1935

I last saw him alive on March 12th 1935 Death is said to have occurred on the date stated above, at 5 20 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/8/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 401 E 25th St

M. D. R. 1268-9

F 10608

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10608

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Crawford Ave. St., 28 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie R. Harrison

(a) Residence: No. 4012 Crawford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jackson L. Harrison

6. DATE OF BIRTH (month, day, year) June 27, 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Thomas R. Dolfen

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Alexzhina Floyd

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Erwin T. Harrison
(Address) 4012 Crawford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltsville Jan. Date Dec. 14 '35

19. UNDERTAKER Harry F. Weitzke
(Address) 4101 Commonwealth Ave.

20. FILED 13 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1935, to 3-11, 1935.

I last saw h[illegible] alive on 3-11, 1935. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Chronic valvular Disease	2-4-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Mullen M. D.

(Address) 757 N. Monroe St.

M. D. H. 1268-9

F 10609

F 10609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 425-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Rimmond Ave. Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Elias Kirby

(a) Residence: No. 804 Rimmond Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Kirby

6. DATE OF BIRTH (month, day, year): Sept 22 1882

7. AGE: Years 52 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Woolen Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oriole Dept Store

10. Date deceased last worked at this occupation (month and year): Mar 1935

11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (city or town) (State or country): St Marys City Md

FATHER

13. NAME: Cornelius Kirby

14. BIRTHPLACE (city or town) (State or country): St Marys Co Md

MOTHER

15. MAIDEN NAME: Mary E Milburn

16. BIRTHPLACE (city or town) (State or country): St Marys Co Md

17. INFORMANT: Lillian Kirby
(Address) 804 Rimmond Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/16 19

19. UNDERTAKER: Wm Cook & Son
(Address) 217 S Fremont Ave

20. FILED MAR 14 1935 Examiner for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1935, to 3/13, 1935

I last saw h[illegible] alive on 3/13, 1935. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Acute Intensis Hypertension — Date of onset

Other contributory causes of importance: Hypertension — Date of onset

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edward Taylor, M. D.

(Address) 2145 N Bals Ave

M. D. F. 1068-9 F 10610

F 10610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4602 Mainfield Ave Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver F. Miller

(a) Residence: No. 4602 Mainfield Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Beulah Miller

6. DATE OF BIRTH (month, day, year) Jan 14th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lynch Co

10. Date deceased last worked at this occupation (month and year) Dec

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME William Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Beulah E. Miller

(Address) 9 Cardwell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 15th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 1935 to Mar. 12 1935

I last saw him alive on Mar. 11 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary & Laryngeal Tuberculosis (Indef.)	
Other contributory causes of importance:	
Exhaustion	3/11/35

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

3/13/35 (Signed) H. E. Campbell M. D.

(Address) 1644 Hanover St

M. D. H. 1268-9 F 10611 F 10611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 93-P Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4400 Hereford Ave 24 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice May Strawbridge

(a) Residence: No. 4400 Hereford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Benj Strawbridge

6. DATE OF BIRTH (month, day, year) May 1 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

FATHER

13. NAME Ferdinand Smith

14. BIRTHPLACE (city or town) (State or country) Catonsville Md.

MOTHER

15. MAIDEN NAME Mary Ann Herbert

16. BIRTHPLACE (city or town) (State or country) York Co Pa

17. INFORMANT Mr Herbert R. Strawbridge

(Address) 4400 Hereford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Centre Church Pa York Co. Date May 15 1935

19. UNDERTAKER J. Wm Fleischer Sons

(Address) North Pa Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1934 to March 17, 1935

I last saw her alive on March 17, 1935 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	11/17/34
Other contributory causes of importance: Senility	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Maurice E. Shamer M. D.

(Address) 3300 W. Baltimore

M. D. P. 1268-9 F 10612 F 10612

295915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ? Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Waldo Maxey

(a) Residence: No. Dillwyn St., ... Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 12-7-76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jeremiah Pounderter

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hannigham Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Dillwyn, Va Date Mar 14, 1935

19. UNDERTAKER L. L. Jefferson & Sons
(Address) Dillwyn Va

20. FILED MAR 14 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1935, to March 13, 1935.
I last saw him alive on March 13, 1935. Death is said to have occurred on the date stated above, at 9.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma head of pancreas	1934
Other contributory causes of importance: Diabetes mellitus	1934
b. Kidney stone i hydronephrosis	

Name of operation Exploratory Laparotomy Date of 3/11/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B-1268-8

F 10613

F 10613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Meads

(a) Residence: No. 4102 Marx ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Meads

6. DATE OF BIRTH (month, day, year) May 27, 1870

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 0067

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Meads

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date Mch 15, 1935

19. UNDERTAKER John E. Connelly Balto. Md.

(Address)

20. FILED R 1A 10357 Huntington Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1935 to March 12, 1935

I last saw him alive on March 12, 1935 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. F 10614 F 10614

29620 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V 108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Schuman

(a) Residence: No. Hamburg ave, Essex St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lula

6. DATE OF BIRTH (month, day, year) 7/23/97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 079

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Rauch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place East Lawn Cem Date 3/16 1935

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED MAR 13 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7 1935 to March 13 1935

I last saw h— alive on March 13 1935 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Septicemia due to Pneumococcus Group IV

Chronic Alcoholism

Date of onset March 2 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carmichael Filgher M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 10615

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10615

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Brentwood St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Crenshaw

(a) Residence: No. 1718 Brentwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Crenshaw

7. DATE OF BIRTH (month, day, year) Unknown

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME David McKellam

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Sara McKennon

(Address) 1720 Brentwood

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/14 1935

19. UNDERTAKER Rayner Sandlow

(Address) 1413 E Preston St

FILED 14 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6 mo
Other contributory causes of importance:	
arteriosclerosis Rheumatism	yr

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James M Fenton Coroner . M. D.

(Address) 709 E Chase

M. D. B 1268-9

F 10616

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10616

CERTIFICATE OF DEATH

✓ 123

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Sarah Goldston

(a) Residence: No. 807 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	~~White~~ Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 16/1910

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	24	10	21 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid 807

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hopkins Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Anderson Goldston

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jannie Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jannie Goldston (mother)
(Address) 807 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/16, 1935

19. UNDERTAKER Payne Sadler
(Address) 1413 E Preston St

20. FILED ..., 19..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h.. alive on ..., 19... Death is said to have occurred on the date stated above, at 4/30 P. M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Peritonitis Gangrene of Intestines

Due to Post operative Adhesions

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify? ...

(Signed) ... Coroner, M. D.

(Address) 508 E Monument

M. D. F. 10617 F 10617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada M. Murray.

(a) Residence: No. 274 N. Hilton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Charles R. Murray

6. DATE OF BIRTH (month, day, year): Oct 2 1893

7. AGE: Years 41 | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Fitch

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Jeanie Roth

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Bon Secours Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fairwood Cem. Date Mar 15 1935

19. UNDERTAKER: G. Miller & Son

(Address) 2334 Gilmor St

Signature: G. Miller & Son

FILED MAR 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/12 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21 1934 to March 12, 1935

I last saw h[illegible] alive on March 12 1935 Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri Extension to bladder & metastasis to right kidney	1 yr
Other contributory causes of importance: Pulmonary embolism	1 day

Name of operation: Cauterization of cervix Date of 7/11/35

What test confirmed diag[illegible] Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. Schulenger, M. D.

(Address) 303 E Balto St.

M. D. B. 1268-9

10618 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10618

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis J. Leppert

(a) Residence: No. 6524 Rosemont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	--------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 25 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --Infant--

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME Francis J. Leppert

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

15. MAIDEN NAME Doris Newcomb

16. BIRTHPLACE (city or town) (State or country) Lynchs Maryland

17. INFORMANT Francis J. Leppert
(Address) 6524 Rosemont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 15, 1935

19. UNDERTAKER Frederick Lansdown Son
(Address) 7401 Belair Road

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	
Other contributory causes of importance:	

Name of operation Spinal Puncture Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Pacini, M. D.
Coroner
(Address) 508 E Monument

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10619 — VE 10619 — 95-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2233 Oliver St. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Ada B. Vomastek

(a) Residence: No. 2233 Oliver St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank J. Vomastek

6. DATE OF BIRTH (month, day, year) May 12-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho-slovakia

FATHER

13. NAME John A. Haskovec

14. BIRTHPLACE (city or town) (State or country) Czecho-slovakia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Harry J. Vomastek

(Address) 2835 Brenden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Mar. 15/35

19. UNDERTAKER John A. Miller

(Address) 2334 Jefferson St.

20. FILED MAR 14 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933 to Mar. 12, 1935

I last saw her alive on Mar. 12 1935 Death is said to have occurred on the date stated above, at 3 10 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Hypertrophied Heart
Hypertension

Date of onset: 8 yrs ago

Other contributory causes of importance:

Acute Dilatation of Heart.

Name of operation Date of

What test confirmed diagnosis Xrays Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vincent V. Foka M. D.

(Address) 845 N. Patterson Park Ave

M. D. F. 1265-9

F 10620

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10620

23

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 E Lanvale St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas B. Oliver

(a) Residence: No. 1904 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Oliver

6. DATE OF BIRTH (month, day, year) Dec 25 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	176	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper Retired 25

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Francis Oliver

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Emma Oliver

(Address) 1904 E Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3/14/35 19

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw St

20. FILED 19

Registrar.

MAR 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1935, to March 11, 1935

I last saw him alive on March 10, 1935 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Dec. 1934

Other contributory causes of importance:

Tuberculosis of Larynx — Date of onset Jan 1935

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Alfred Gundry M. D.

(Address) 2025 Eutaw St

AACo. 5-31 210B

F 10621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10621

✓ 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Elm Ave St., 13 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Effie E. Hopkins

(a) Residence: No. 3600 Elm Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William A Hopkins
6. DATE OF BIRTH (month, day, year): Aug 7 77
7. AGE: Years 57; Months 7; Days 6; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home Odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Laurel Md

FATHER
13. NAME: John B Farrell
14. BIRTHPLACE (city or town) (State or country): Laurel Md

MOTHER
15. MAIDEN NAME: Margaret E Baldwin
16. BIRTHPLACE (city or town) (State or country): Laurel Md

17. INFORMANT: Edith Hopkins
(Address) Centreville Md.

18. BURIAL, CREMATION, OR REMOVAL: Hahnville Md Date Mar 15 1935

19. UNDERTAKER: J. S. Marshall
(Address) 1539 Eutaw Road

20. FILED 14 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1935, to Mar 13, 1935

I last saw her alive on Mar 12 1935 death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	3 days.

Other contributory causes of importance:
Chronic Nephritis & arteriosclerosis —

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so specify

(Signed) [illegible] M. D.
(Address) 846 ed 3600 Elm Ave

AACo. 5-31 250B

F 10622

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10622

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH Franklin Square Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Max Brafman

(a) Residence: No. 201 Hamilton Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ..... April 8 1862

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker 9045
10. Date deceased last worked at this occupation (month and year) 3/933
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Abraham Brafman
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Susan Mayer
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. B. Frank
(Address) 517 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Chet Shalom Cem. Date March 15, 1933

19. UNDERTAKER Harid Sondheim & Son
(Address) 1902 Eastern Ave

F. 1935 ..... 19 ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933, to March 13, 1933

I last saw him alive on March 13, 1933 death is said to have occurred on the date stated above, at 3.33 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3-8-33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Howe Moore, M. D.

(Address) Franklin Square Hosp.

M. D. F. 1268-a F 10623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10623

186-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Herrmann

(a) Residence: No. 3207 E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Percy Herrmann

6. DATE OF BIRTH (month, day, year) Oct 7/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Krummeck

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Louise Mauler

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

17. INFORMANT Fred Herrmann

(Address) 3207 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak. Lawn Cem. Date Mar 14, 1935

19. UNDERTAKER Hoag Sondor & Sons Inc Geo F. Bradley

(Address) Belte & Broadway

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	3/10/35
Chr Nephritis	??

Other contributory causes of importance:

Head injuries-abrasions, contusions with probable some concussion 3/4/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/4/35, 19

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place fell down cellar steps of home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. Collins, M. D.

Coroner

(Address) 708 E Monument

Spec.—2-29-28—L. F. S.—500 Blks. F 10624

F 10624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N CAROLINE ST., 8 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME MARY EUGENIE ~~JENNIE D.~~ ABERCROMBIE OR Deloren.

(a) RESIDENCE NO. 1605 N. CAROLINE ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FEM | 4 COLOR OR RACE: W. | 5 Single, Married, Widowed, or Divorced, (write the word): MARRIED

6a If married, widowed, or divorced HUSBAND of (or) WIFE of WM T. ABERCROMBIE.

6 DATE OF BIRTH (month, day, and year) JUNE 22, 1857

7 AGE: Years 77 | Months 8 | Days 20 21 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HOUSEWIFE 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) BALTIMORE (State or country) MARYLAND

10 NAME OF FATHER JOHN C. DOUGHERTY

11 BIRTHPLACE OF FATHER (city or town) (State or country) VIRGINIA

12 MAIDEN NAME OF MOTHER MARIE STAMPTON

13 BIRTHPLACE OF MOTHER (city or town) (State or country) FT. UNION MD

Informant Wm. J. Abercrombie

(Address) 1605 N. Caroline St.

Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) MARCH 13, 1935

17 I HEREBY CERTIFY, That I attended deceased from FEB 12, 1933, to MARCH 13, 1935, that I last saw h.. alive on MARCH 13, 1935 and that death occurred, on the date stated above, at 4:45 P. m.

The CAUSE OF DEATH* was as follows:

CHRONIC CHOLECYSTITIS

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) INTERSTITIAL NEPHRITIS

(duration) ..... yrs. 6 mos. ..... ds.

18 Where was disease contracted if not at place of death? over

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) Wm. Abercrombie M. D.

, 19 (Address) 3524 Greenmount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loraine Cemetery — DATE OF BURIAL: 3/15/1935

20 UNDERTAKER: E. J. Fanning & Son — ADDRESS: 1438 E. Lafayette Ave.

M. D. B 12[illegible]

F 10625

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10625

186-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 20 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Alban G. Ryan

(a) Residence: No. 416 Dennison St St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alice A. Bilhartz

6. DATE OF BIRTH (month, day, year): December 1/1896

7. AGE: Years 39 | Months 3 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Recorder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Supreme Court

10. Date deceased last worked at this occupation (month and year): Mar 11/35 — 11. Total time (years) at this occupation: Baltimore City

12. BIRTHPLACE (city or town) (State or country): Lorraine, Ohio.

FATHER

13. NAME: Francis P. Ryan

14. BIRTHPLACE (city or town) (State or country): Lanconing, Md.

MOTHER

15. MAIDEN NAME: Mary Carroll

16. BIRTHPLACE (city or town) (State or country): Lonaconing, Md.

17. INFORMANT: Alice A. Ryan
(Address): 416 Dennison St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral. Date 3/15/35 19

19. UNDERTAKER: J. J. Fahey & Son
(Address): 1316 Light St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 12/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.15 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Fractured Skull-occiput	

Other contributory causes of importance:

Name of operation: inquiry — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Injury 3/12/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: fell down steps into cellar

Manner of injury: of residence about 2 P.M.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Kane Coroner. M. D.

(Address) 508 E Monument

M. D. B. 1263-9

F 10626

296444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 134

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where deceased ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Lena~~ Stasie Dellevie

(a) Residence: No. 2112 Lake Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of: unknown

6. DATE OF BIRTH (month, day, year): Aug. 2, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Head matron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Court House

10. Date deceased last worked at this occupation (month and year): 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Peter Petersen

14. BIRTHPLACE (city or town) (State or country): Denmark

MOTHER

15. MAIDEN NAME: Catherine Harrington

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Har Sinai Cemetery Date: March 15 19 35

19. UNDERTAKER: Kenny Bros & Sons Inc
(Address) 1301 E Baltimore

20. FILED: Huntington Williams Registrar
MAR 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): MAR 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 12 1935 to Mar 12 1935

I last saw her alive on Mar 12 1935 Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

Nephrolithiasis rt. — Date of onset 3-2-35
Acute pyelonephritis, bilateral

Other contributory causes of importance:

Septicemia, B. Coli
Abscess cortex kidney rt

Name of operation: Nephrectomy - rt Date of: 3-8-35

What test confirmed diagnosis? Operation Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Jas. H. Brawner Jr. M. D.

(Address) Johns Hopkins Hospital.

M. D. B 1268-9

F 10827

HEALTH DEPARTMENT—CITY OF BALTIMORE

10627

CERTIFICATE OF DEATH

✓ 190

1. PLACE OF DEATH Found in Vacant House

CITY OF BALTIMORE: (No. 841 Fulton St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grand Da Kelley? (Unknown)

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	About 75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med School Date Mar 12, 1935

19. UNDERTAKER

(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Froze To death	

Other contributory causes of importance: Lacking proper food

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James M Fenton M. D. Coroner

(Address) 700 E Chase

M. D. F. 1268-9 M

F 10628

10628?

29667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1142

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ina Kukanty

(a) Residence: No. 125 S Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Paulon

6. DATE OF BIRTH (month, day, year) 1/9/87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Thadon Markowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Russian Orthodox Cemetery Date March 16, 35

19. UNDERTAKER Chas P Kuchausky (Address) 637 S Paca St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1935 to March 13, 1935

I last saw her alive on March 13, 1935 Death is said to have occurred on the date stated above, at 10:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute mediastinitis	3-7-35

Other contributory causes of importance:

Name of operation Bilateral [redacted] Date of 3-11-35

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C. O'Dell Jr., M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

10629

F 10629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 E Lafayette ave 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Theresa Connolly

(a) Residence: No. 2104 E Lafayette st., ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward J Connolly

6. DATE OF BIRTH (month, day, year) Oct 1 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto ?

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ~~Anna~~ Elizabeth Deihr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Connolly
(Address) 2104 E Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date May 16, 1935

19. UNDERTAKER Martin W.E. Diffel
(Address) 378 Cassilis.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935, to March 14, 1935

I last saw her alive on March 14, 1935 Death is said to have occurred on the date stated above, at 1A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Cerebral Hemorrhage	3/12/35

Other contributory causes of importance:

Carcinoma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address) 2034 E Fayette

M. D. P. 1268-9

10630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10630

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4303 Arabia ave. 27 (Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M Buck

(a) Residence: No. 4303 Arabia ave. Ward. Huntingtone W Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Buck

6. DATE OF BIRTH (month, day, year) Oct 27 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Carp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME John Buck

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Vanden

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Gertrude Buck

(Address) 4303 Arabia ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Huntington W. Va. Date March 1935

19. UNDERTAKER Mark W. E. Dippell

(Address) 31 E 22nd St

FILED 14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1934 to Mar 14 1935

I last saw him alive on Mar 13 1935 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	

Other contributory causes of importance: Myocardial Degeneration

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Smith M. D.

(Address) 4706 Harford Rd

3/15/35

M. D. P. 1268-9

F 10631

10631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Ceiling Home

CITY OF BALTIMORE: (No. Chapel Gate Lane S. 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Burgess

(a) Residence: No. Ceiling Home Chapel Gate St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret

6. DATE OF BIRTH (month, day, year): June 30, 1844

7. AGE: Years: 90 | Months: 8 | Days: 13 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O R R

10. Date deceased last worked at this occupation (month and year): 1873

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Benjamin Burgess

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Miller

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Susie Tracy 3326 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem Date: Mar 16 1935

19. UNDERTAKER (Address): J. Vernon Kellner 2301 Edmondson Ave

20. FILED: Harrington Wilson Registrar

MAR 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 13 '35

22. I HEREBY CERTIFY, That I attended deceased from Aug 1933, 1935, to March 13, 1935

I last saw him alive on March 12, 1935. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Arteriosclerosis
Myocarditis. — Abt

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm Withers Ford, M. D.

(Address) 20 E. Preston St

M. D. B. 1208-0

F 10632

10632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2625 Chesterfield ave St., 80 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie A. McFreesier

(a) Residence: No. 2625 Chesterfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Christian A. McFreesier

6. DATE OF BIRTH (month, day, year): July 27 - 1875

7. AGE: Years 59 | Months 7 | Days 16 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Adolph Kaeppel

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Dont Caroline Wittrock

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Mae McFreesier

(Address) 2625 Chesterfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Cem Date: March 16 1935

19. UNDERTAKER: John Ulrich

(Address) Isaac Adams Sr

20. FILED 19 Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 13 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6 1935 to March 13 1935

I last saw alive on March 13 1935. Death is said to have occurred on the date stated above, at 2.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk
Other contributory causes of importance: Arteri Sclerosis	1 1/2 yrs

Name of operation None Date of

What test confirmed diagnosis: Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas Sheer M. D.

(Address) 408 E Pat Pat. Ave

M. D. B 1268-9

10633 F 10633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Hart Alley St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Brown

(a) Residence: No. 1528 Hart Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65 65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date Mar 14 19 35

UNDERTAKER
(Address)

FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. P. Herzog MD, Coroner, M. D.

(Address) 305 N. Patterson Park Ave

M. D. B 1268-b

10634 E 10634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 180

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Westport Dump. St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Miller.(C)

(a) Residence: No. Westport Dump. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	----------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg, Va.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] School Date [illegible] 19[illegible]

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Burns	
In fire of shak from overturned stove.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/9/35 19...

Where did injury occur? Westport Dump.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Burns. from overturned stove

Nature of injury Fire of shack

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theo M Reinhardt, M. D.

2/11/35 (Address) 1017 E. Charles st. Coroner

1933 1183 Month

M. D. B 1268-9

F 10635

10635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-5-95-B Food

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1508 Mullikin St., (Ward) 6

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Unknown

(a) Residence: No. " St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	? ? ?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (087)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 14, 19 35

19. UNDERTAKER
(Address) Flannigan & Kline Milwaukee, Wis.

4-1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at before 11 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardio-vascular Disease	
(Found dead in vacant house)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robt. H. Carter, M. D.
Coroner

(Address) 5086 Wabash

M. D. B. 1268-9

F 10636

10636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Baker St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Stewart

(a) Residence: No. 509 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/12/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alex Stewart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hattie Taylor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alex Stewart Father.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date March 1 1935

19. UNDERTAKER
(Address)

1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1935 to 3/13 1935

I last saw h... alive on 3/13 1935. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemmorrhage (of unknown origin)	3/10/35

Other contributory causes of importance:

Premature. (Twin Baby)

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. J. Young M. D.

(Address) 1429 Eutaw Pl

185 ...

M. D. P. 1268-9

10637 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10637

CERTIFICATE OF DEATH

✓ 97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1046 N. Broadway St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry B. Redman

(a) Residence: No. 1046 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie V. Redman

6. DATE OF BIRTH (month, day, year) April 23-1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	21 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbert Co. Md.

13. NAME James Redman

14. BIRTHPLACE (city or town) (State or country) Talbert Co. Md.

15. MAIDEN NAME Mary Valaint

16. BIRTHPLACE (city or town) (State or country) Talbert Co. Md.

17. INFORMANT Mrs. Hattie V. Redman,
(Address) 1046 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemt Date Mar. 16 1935

19. UNDERTAKER George W. Zutzler
(Address) 777 E. Eager St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1934 to March 14, 1935

I last saw him alive on March 13, 1935 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance:

Senile Cardiac Dilatation

Name of operation None Date of

What test confirmed diagnosis Clinical was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Sigl. Littman, M. D.

(Address) 130 Seal

M. D. B. 1268-9

F 10638

10638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH Maryland Gen. Hosp.

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S. If of foreign birth 45 yrs. -- mos. -- ds.

2. FULL NAME Ernest Morris

(a) Residence: No. 3102 Auchentoroly Terr. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -------

7. DATE OF BIRTH (month, day, year) 11-25-74

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hats

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME George H. Morris

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Laura Davis

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 3/15, 1935

19. UNDERTAKER Henry H. Myers and Son
(Address) 805 N. Calvert St.

20. FILED 3 1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-5-35 to 3-13, 1935.

I last saw him alive on 3-13, 1935. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inguinal Hernia	
Other contributory causes of importance:	
Pulmonary Embolism	3-13

Name of operation Hernioplasty Date of 3-6-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip A. Dooley, M. D.

(Address) Maryland Gen. Hosp.

M. D. B 1268-9

✓ F 10639

HEALTH DEPARTMENT—CITY OF BALTIMORE

10639

92-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Dead on arrival
CITY OF BALTIMORE: (No. Sinai Hospital St. 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Leo Cortese

(a) Residence: No. 700 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Matilde

7. DATE OF BIRTH (month, day, year) August 29/1872

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	13 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruits

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Giuseppe Cortese

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Domenica Gentile

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Domenica Cerino (Dayghter)
(Address) 700 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 15, 1935

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St

FILED MAR 16 1935 Wilmer Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 12/35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Mitral Insufficiency	

Other contributory causes of importance:

History of Cardiac-vascular Disease	??

Name of operation inquiry Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner. M. D.

(Address) 5086 Yorkwood

M. D. F 1268-9

✓ F 10640

10640 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1208 N. 36th St. (13 Ward)

Length of residence in city or town where death occurred 69 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Zephaniah Parks

(a) Residence (No.) 1208 N. 36th St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Rachel A. Parks

7. DATE OF BIRTH (month, day, year): March 20-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: John L. Parks

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Eliza George

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mrs. Rachel A. Parks

(Address) 1208 N. 36th St.

BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: March 15- 1935

UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

FILED: 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12- 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1934 to Mar 11 1935

I last saw him alive on Mar 11 1935. Death is said to have occurred on the date stated above, at 5-50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	[illegible]

Other contributory causes of importance:

Name of operation none Date of -

What test confirmed diagnosis: Routine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) 850 N 36th St.

M. D. B. 1268-9

✓ F 10641

10641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infl. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Bennett.

(a) Residence: No. 533 Beaumont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5	109	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

PERSONAL AND FAMILY HISTORY

13. NAME John Bennett.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

15. MAIDEN NAME Elizabeth Dais

16. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

17. INFORMANT John Bennett (Father).

(Address) 533 Beaumont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 3/15/35

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

Huntington Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Mar. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1935 to Mar. 12, 1935

I last saw him alive on Mar 12, 1935 Death is said to have occurred on the date stated above, at 1:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	3-7-35

Other contributory causes of importance:

Coeliac disease. Congenital Stenosis of Trachea & Larynx.	2-1-35

Name of operation None. Date of

What test confirmed diagnosis? X Ray Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Holtz M. D.

(Address) Church Home & Inf.

FILED 1 APR 1935

Registrar

M. D. B. 1268-9

✓ F 10642

HEALTH DEPARTMENT—CITY OF BALTIMORE

10642

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4600 Patterson Ave St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 65 yrs. ... mos. ... da.

2. FULL NAME Peter J. McEnroe

(a) Residence: No. 4600 Patterson ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie McENROE

6. DATE OF BIRTH (month, day, year) JULY 13, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	82	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GARDNER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private residence

10. Date deceased last worked at this occupation (month and year) MARCH 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME John McEnroe

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Annie O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Annie McEnroe

(Address) 4600 Patterson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ST. CHARLES CEM. PIKESVILLE Date 3/15/35

19. UNDERTAKER J. Vernon Lemmon

(Address) Hill Park Heights.

Huntington Williams M.D.
Registrar.

20. FILED 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12-1935

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to March 12 1935

I last saw him alive on March 12th 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	12-1934
Other contributory causes of importance:	
Arterio Sclerosis	Unknown
Chronic Nephritis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Ewell, M. D.

(Address) 4936 Park Ave

M. D. P. 1268-9

10643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1941 Clifton Ave St., 45 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sue Cromwell

(a) Residence: No. 1941 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry E Cromwell

7. DATE OF BIRTH (month, day, year) Dec 4. 1869

8. AGE: Years 65 | Months 4 | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Louis H. Collins

14. BIRTHPLACE (city or town) (State or country) Md Va

15. MAIDEN NAME Caroline Bennett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Roe L. Smith

(Address) 1941 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cem Md Date Mch 15. 1935

19. UNDERTAKER Fulton Cook

(Address) 1217 Gwynn Oak Ave

20. FILED Mar 15 1935 Registrar.

1835 # 1171

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Mar 13 1935

I last saw her alive on Mar 13 1935 Death is said to have occurred on the date stated above, at 4:15 PM

The principal cause of death and related causes of importance were as follows:

Hemiplegia
Cerebral Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. R. Lucas, M. D.

(Address) 5901 Edmondson Ave

M. D. P. 1268-9

✓ F 10644

10644 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Andrews

(a) Residence: No. 2020 Raynor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Andrews

7. DATE OF BIRTH (month, day, year) April 2 1869

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) N.K.

11. Total time (years) spent in this occupation N.K.

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Helen Helms

(Address) 2020 Raynor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Mar. 16, 1935

19. UNDERTAKER George L. Schwab

(Address) 2101 Fendwick Ave.

FILED Mar 16 1935 Hennington for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-11-, 1935 to 3-13-, 1935

I last saw him alive on March 13, 1935 Death is said to have occurred on the date stated above, at 9 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver - primary?	12-15-34
Other contributory causes of importance:	
Alcoholic psychosis	3-5-35
Chronic Alcoholism	1920

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy, M. D.

(Address) St. Agnes' Hospital

M. D. P. 1268-9

✓ F 10645

10645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 Lemmon St., 70 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Ramsey

(a) Residence: No. 1935 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Gertrude Ramsey

7. DATE OF BIRTH (month, day, year) May 30 1898

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	13 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Edward Ramsey

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Mary Cooney

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Gertrude Ramsey.

(Address) 1935 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL

Place London, Cork County Date March 15 1935

19. UNDERTAKER George E. Schnaat.

(Address) 2221 Carrollton Ave.

20. FILED (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1935 to March 13, 1935

I last saw him alive on March 13, 1935. Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of skin	1932
Other contributory causes of importance: Bronchopneumonia	3/10/35

Name of operation none Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2080 Wilkens Ave

M. D. B. 1269-9

E 10646

10646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Gough St. St., 3 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Seeberger

(a) Residence: No. 1522 Gough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophia Seeberger

6. DATE OF BIRTH (month, day, year) Feb. 27-1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Michael Seeberger

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Sophia Seeberger
(Address) 1522 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 15 19 35

19. UNDERTAKER Wendell J. Leppel
(Address) 1401 Gough St.

20. FILED [illegible] 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 12 19 35

22. I HEREBY CERTIFY, That I attended deceased from March 7 19 35 to March 12 19 35

I last saw him alive on March 12 19 35 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mar 8 1935
Other contributory causes of importance: None	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If [illegible]

(Signed) [illegible] M. D.

(Address) 16 South Broadway

M. D. P. 1265-9

E 10647

10647 HEALTH DEPARTMENT—CITY OF BALTIMORE

95B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Biscoe St. 21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie W. Wheeler

(a) Residence: No. 1005 Biscoe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wm. A. Wheeler

6. DATE OF BIRTH (month, day, year): May 5 1867

7. AGE — Years: 67 | Months: 10 | Days: 7 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Lancaster Penna

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: W. A. Wheeler Jr.

(Address) 1005 Biscoe St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 3/15/35 19

19. UNDERTAKER: Bernard C. Hyde

(Address) 1005 Paca St.

FILED 3/14 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 12 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10. 1935 to March 12 1935

I last saw h[illegible] alive on March 12 1935 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Nephritis

(uremia)

Other contributory causes of importance:

Uremia

Name of operation — Date

What test confirmed diagnosis? Albuminuria and Casts

23. If death was due to external causes (violence) fill in answers to the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 50 [illegible]

F 10648

M. D. P. 126a F 10648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 139-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Avenue Sanit 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 17 ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Maria Braun

(a) Residence: No. Pinesburg, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Luther Braun

7. DATE OF BIRTH (month, day, year) 1893

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Phillips

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT H Barnhart

(Address) Pinesburg Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Date March 15, 1935

19. UNDERTAKER H H Barnhart & Son

(Address) Pinesburg Md

FILED MAR 13 1935 H. Whitington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1935 to 3-13-1935

I last saw her alive on 3-13-1935 Death is said to have occurred on the date stated above, at 1.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Fibroids	—
Thrombosis right Leg	
Cystic right ovary	
Uremic Manifestations	

Other contributory causes of importance:

Myocardial failure

Operation, Hysterectomy Date of 3-2-35

Name of operation Hysterectomy

What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Phillip L. Lewis M. D.

(Address) Pinesburg, Carroll Co. Md.

M. D. B 12-34 10649 E 10649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-N

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 S Madeira St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Williams Hagemeyer

(a) Residence: No. 135 South Madeira St., Ward.

(Usual place of abode) 54yrs (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 4 1894

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Smoke House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ham Key Co

10. Date deceased last worked at this occupation (month and year) 5

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lloyd Allen Goldsmith (Address) 3 East Center St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/15/35

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1030 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Illuminating Gas	
Probable Accidental	

Other contributory causes of importance: (Above)

Name of operation Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/13, 1935

Where did injury occur? 135 S Madeira (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Inhaling Illuminating Gas

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. K. Herrmann M. D.

(Address) 1305 N Patterson Park Coroner

M. D. B. 1268-5 F 10650

F 10650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-7

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 16 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Elizabeth Hobbs

(a) Residence: No. 806 W Lutmore Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 24th 1933

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Thomas J. Hobbs

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Ruth V Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 16th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

FILED MAR 15 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1935 to March 13, 1935

I last saw her alive on March 13, 1935 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of brain	birth
Status Epilepticus	3-11-35
Bronchopneumonia	3-10-35

Other contributory causes of importance:

Name of operation Ventriculogram (lumbar injection) Date of 3-8-35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Mayer L Heckt M. D.

(Address) Union Memorial Hospital

M. D. P. 1209 F 10651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10651

CERTIFICATE OF DEATH

94-W

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Walbert Apartment (Charles St. & Lafayette Ave) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur A. Davidson

(a) Residence: No. Walbert Apartments Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single, Married~~ or ~~Divorced~~, Widowed. (write the word): Widowed

6a. If ~~married~~, widowed, ~~or divorced~~
HUSBAND of ~~(or WIFE of)~~ Grace C. Davidson

7. DATE OF BIRTH (month, day, year) Mar 27th 1880

8. AGE: Years 54 | Months 11 | Days 27 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Merchandising Manager
Industry or business in which work was done, as saw mill, bank, etc.: Ballard Brands Inc
10. Date deceased last worked at this occupation (month and year): Mar 13th 35
11. Total time (years) spent in this occupation: 10yrs

12. BIRTHPLACE (city or town) (State or country): Clinton Mass

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Floyd N. West 1413 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL: Place Morsland Park Date Mar 16th 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar-13-, 1935, to Mar-14-, 1935
I last saw h[illegible] alive on Mar-14-, 1935. Death is said to have occurred on the date stated above, at 2.55 P.M.

The principal cause of death and related causes of importance were as follows:
Angina Pectoris. — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. K. Faragó M. D.
(Address) 1800 N. Charles St.

M. D. B. 1268-3 10652 F 10652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 N. Eutaw St., VI Ward)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander McKim Montell

(a) Residence: No. Albion Hotel St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alepine B. Montell

6. DATE OF BIRTH (month, day, year): Jan 5 1864

7. AGE: Years 71 | Months 2 | Days 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Executive

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year): 20yrs

11. Total time (years) spent in this occupation: Baeto md

12. BIRTHPLACE (city or town) (State or country)

13. NAME OF FATHER: James Egbert Montell

14. BIRTHPLACE (city or town) (State or country): Bahama West Indies

15. MAIDEN NAME OF MOTHER: Elizabeth Singleton

16. BIRTHPLACE (city or town) (State or country): Boell md

17. INFORMANT: Mrs A. McK. Montell

(Address): Albion Hotel

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Mar 15 1935

19. UNDERTAKER: Henry W. Jenkins Bro Co

(Address): McCulloh & Eutaw

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mch 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Mch 12, 1935.

I last saw him alive on Mch 12, 1935. Death is said to have occurred on the date stated above, at 7 24 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	3 days

Other contributory causes of importance:

Chronic Nephritis. Arterio sclerosis

Endocarditis. ?

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan B Lemmon, M. D.

(Address) 714 N. Patterson Park Ave

M. D. B 1268-9

F 10653

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10653

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Wood Burley

(a) Residence: No. 1504 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Burley

6. DATE OF BIRTH (month, day, year) Apr 2 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Richmond Va

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date May 16 1935

19. UNDERTAKER Wm. J. Fitzpatrick & Son Inc

(Address) Huntington Avenue

FILED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19..... to , 19.....

I last saw h..... alive on , 19..... Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
accidental Fall	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/9 1935

Where did injury occur? 2728 Vinna Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell down steps

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C. C. Peters M.D. Coroner

(Address) 130 N Patterson Pk

AaCo. 5-11 2508

F 10654

F 10654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3820 Gold Spring St. 15 Ward)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Samuel Weaver

(a) Residence: No. 3820 Gold Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada B. Weaver

6. DATE OF BIRTH (month, day, year) Sept 12-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Int. Decorator

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Robert S Weaver

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Martha J. Slattery

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Hortense E Lyons

(Address) 3400 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 14, 1935

19. UNDERTAKER W. Linden Hines

(Address) North Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1934, to March 14, 1935

I last saw him alive on March 12, 1935 death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	1933
Other contributory causes of importance:	
Chronic nephritis with terminal uraemia	1933

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Rowland Woolsey, M. D.

(Address) 1134 Thomas Ave

M. D. B. 1268-B

F 10655

F 10655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Pennsylvania Ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E Brown

(a) Residence: No. 2518 Pennsylvania Ave St., ... Ward. 15 Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mrs Essie J Brown

6. DATE OF BIRTH (month, day, year) Nov. 12-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Government R.R. mail Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year) Dec 9

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Laura Loose

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Essie J Brown

(Address) 2518 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem Date Mar 16 1935

Carroll Co Md

19. UNDERTAKER J. Fletcher Sons

(Address) Park Ave & Pennsylvania Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 13 1935

22. I HEREBY CERTIFY, That I attended deceased from 1921 to Mar 13, 1935

I last saw ~~him~~ alive on Mar 13 1935. Death is said to have occurred on the date stated above, at 7.45 a.m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	?
Acute interstitial Nephritis	1921

Other contributory causes of importance:

Vascular Hypertension

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F F McGuirk M. D.

(Address) 24 Juth Ave.

M. D. F. F 10656

F 10656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 18

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carol Loane

(a) Residence: No. 2814 Clifton Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Walter Carl Loane

14. BIRTHPLACE (city or town) (State or country) Ballenger Md

15. MAIDEN NAME Frances Rahmer

16. BIRTHPLACE (city or town) (State or country) Ballenger Md

17. INFORMANT mother

(Address) 2814 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Park Date March 15, 1935

19. UNDERTAKER Wm J. Tuckerman Son

(Address) North & Pa

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935 to March 12, 1935

I last saw him alive on March 12, 1935. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Meningitis (Meningococcic)	3/10/35
Other contributory causes of importance: Pneumonia, Purulent	3/12/35

Name of operation None Date of

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lachman, M. D.

(Address) Lyndenham Hospital

M. D. B. 1268-B

B 10657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53-D

Registered No. B 10657

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Eversley Ave. 16 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Edna Anderson

(a) Residence: No. 3600 Eversley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year): Apr. 14, 1878

8. AGE: Years 56 | Months 10 | Days 27 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hosp

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Dr. Chas. Dallas Anderson

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Katherine Furman

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Mary L. Barnsley

(Address) 3600 Eversley Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park. Date Mar. 16 1935

19. UNDERTAKER: Wm. McKeever Sons.

(Address) Nord & Paines.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 . 1934 to March 13 . 1935

I last saw h[illegible] alive on March 12 1935 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of thigh	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul B Jewett M. D.

(Address) 2376 Pennsylvania

M. D. F. 1268-9

F 10658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clement Lucas

(a) Residence: No. 1129 W Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	M.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Lucas

6. DATE OF BIRTH (month, day, year) 11-5-79

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter do 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

13. NAME Sonny Lucas

14. BIRTHPLACE (city or town) (State or country) West Indies

15. MAIDEN NAME Elizabeth Phillips

16. BIRTHPLACE (city or town) (State or country) West Indies

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Mar 15, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S. Schroeder St.

20. FILED ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935, to March 11, 1935.
I last saw him alive on March 11, 1935. Death is said to have occurred on the date stated above, at 1043 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-Operative Pneumonia	3-10-35
Other contributory causes of importance: Cystenalgia Abscess Confirmed by Path. Exam. 3-7-35 Diabetis Mellitus	3-6-35

Name of operation Cystostomy Date of 3/7/35

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. Briggs M. D.

(Address) Johns Hopkins Hosp.

Spec—1-30—M. & T.—250 Blks

F 10659 F 10659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1022 Edmondson Ave (Ward) 16 WARD)

2-FULL NAME Ellsworth Burley

(a) RESIDENCE NO. 1022 Edmondson Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) Pearl Burley

DATE OF BIRTH (month, day, and year) Sept 4, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Annapolis Md

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Pearl Burley

(Address) 1022 Edmondson Ave

Filed ____, 19__ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 35

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1935 to March 12 1935

that I last saw him alive on March 10, 1935

and that death occurred, on the date stated above, at 1304 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. F. Kerrill M. D.

3/13/35 (Address) 601 N. Broadway Clinic

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Mar 16, 1935

20 UNDERTAKER Mrs Katie R Williams

ADDRESS 3227 Edmondson St

Spec. F-12-28 (Rev. 5-34) F 10660

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10660

CERTIFICATE OF DEATH

82-a

REGISTERED NO. 2697

1-PLACE OF DEATH

City of BALTIMORE: (No. 535 W Fanvale St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille Edwards

(a) RESIDENCE NO. 535 W Fanvale St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Edwards

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 60 Months Days IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 0037

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (City or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town): Unknown

(State or country)

14 Informant: Bessie Pratt

(Address) 535 W Fanvale St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-13 1935

17 I HEREBY CERTIFY, That I attended deceased from 2-8, 1935, to 3-13, 1935, that I last saw her alive on 3-12, 1935, and that death occurred, on the date stated above, at 9:00 A. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

? (duration) ? yrs. 1 mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Tests

(Signed) H. Atwell Jones, M. D.

. 19 (Address) 1239 Druid Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion — Date of Burial: Mar. 16, 1935

20 UNDERTAKER: Mrs Katie R Williams — ADDRESS 322 Schroeder St.

M. D. P. 10-9 F 10661

✓ F 10661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Morris

(a) Residence: No. 1412 Rutter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced (or) WIFE of Viola Morris

6. DATE OF BIRTH (month, day, year) Oct 11 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	~~1875~~	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cut Flowers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER James Morris

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Jamie Stevens

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Viola Morris

(Address) 1412 Rutter St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/17 35

19. UNDERTAKER Edgar H. Burkett

(Address) 3-28 Lanvale St

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13- 1931

22. I HEREBY CERTIFY, That I attended deceased from 3-1- 1931 to 3-13- 1931

I last saw him alive on 3-13- 1931. Death is said to have occurred on the date stated above, at 6 11 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 3-1-31

Other contributory causes of importance:

Hypertension — Undetermined

Name of operation ..... Date of No

What test confirmed diagnosis Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B LeCompte M. D.

(Address) Provident Hosp

AACo. 5-11-2808 F 10662

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10662

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 678 Mulberry St., 17 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse Cheek

(a) Residence: No. 678 Mulberry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sallie Cheek

7. DATE OF BIRTH (month, day, year) Aug 10 - 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber

10. Date deceased last worked at this occupation (month and year) Jan 30 - 34

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Warrenton N.C.

13. NAME Charles Cheek

14. BIRTHPLACE (city or town) (State or country) Warrenton N.C.

15. MAIDEN NAME Polly Summerville

16. BIRTHPLACE (city or town) (State or country) Warrenton N.C.

17. INFORMANT Alice Hughes

(Address) 3321 N. 17th St. Philadelphia Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date March 15 - 1935

19. UNDERTAKER Adolphus Halstead

(Address) 752 Eden Alley

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1935 to March 12, 1935

I last saw him alive on March 11, 1935 death is said to have occurred on the date stated above, at 6.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	June 1934
Failure and Cardiosclerosis	
Other contributory causes of importance, Interstitial Nephritis	June 1934

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Wright, M. D.

(Address) 1209 Eastern Ave

M. D. P. 1268-S

G 10663 ✓ G 10663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 McCulloh St., 14 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Daniel D. Cassell

(a) Residence: No. 2123 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: C.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Nellie Cassell

6. DATE OF BIRTH (month, day, year): March 4, 1886

7. AGE: Years 49; Months; Days 14 13; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Lewis Cassell

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Ida Norton

16. BIRTHPLACE (city or town) (State or country): Harford Co. Md.

17. INFORMANT: Nellie Cassell
(Address) 2123 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Cem Date 3 - 16 1935

19. UNDERTAKER: Frances A. Hemsley
(Address) 578 W Biddle St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3 - 14 - 35

22. I HEREBY CERTIFY, That I attended deceased from 3 10 1935 to 3 14 1935.

I last saw h alive on 3 - 13 1935 Death is said to have occurred on the date stated above, at 12:50 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset: Unknown

Failure, Cardiac Dilatation

Disease of Arteries

Other contributory causes of importance:

Indefinite

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A K Gamrole M. D.

(Address) 111 N Gay St

M. D. B. 1268-9

Carp

F 10664

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-B

CERTIFICATE OF DEATH

F 10664

Registered No. .....

1. PLACE OF DEATH Dead on arrival

CITY OF BALTIMORE: (No. 3 Sinai Hospital St., 27 Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? 45 yrs.....mos.....ds.

2. FULL NAME Sarah Carp

(a) Residence: No. 3533 Virginia Ave, St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harney Carp

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of Informant

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Annie Hulderstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jos Levine Inc.

(Address) 1429 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Nelson Township Date 3-15, 1935

19. UNDERTAKER Jos Levine Inc

(Address) 1429 E Baltimore St

FILED, MR 1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	
Cardiac Failure	

Other contributory causes of importance:

History of hypertension	
Sclerosis Senl	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Carter, M. D.

(Address) 508 E Monument

M. D. B. Form 9 F 10665

F 10665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Caroline St., 7 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen M. Adams

(a) Residence: No. 517 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Ed. Adams

7. DATE OF BIRTH (month, day, year) 1875

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sadie L. Sinner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William Ed. Adams

(Address) 517 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 3-15 1935

19. UNDERTAKER Byron & Manion Inc. Wright

(Address) 1218 McElderry St

20. FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11/35

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1935 to March 11 1935.

I last saw h[illegible] alive on March 11 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis (uremia)	1934
Other contributory causes of importance:	
Endo Carditis	1934
Hypertension	
Hypos-static Congestion of Lungs	Jul 1935

Name of operation. ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. J. Young M. D.

(Address) 1424 Eutaw Pl

M. D. F 1908-9 F 10666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 10666

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virgie Pitts

(a) Residence: No. 1509 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Aa

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Mar 1 - 1898

8. AGE: Years 38 | Months | Days 11 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

13. NAME of father: John Pitts

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME of mother: Taylor

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Irene L. Marshall

(Address) 4436 St Georges ave

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cem Date 3/16 193

19. UNDERTAKER: Raynor Sanders

(Address) 1413 E. Preston St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-12- 193

22. I HEREBY CERTIFY, That I attended deceased from 3-10-32 to 3-12 193

I last saw her alive on 3-12- 193. Death is said to have occurred on the date stated above, at 2 10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	3-10-32
Transient Cerebral apoplexy.	

Other contributory causes of importance:

Chr. Brights Disease — Independent

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) Provident Hosp

M. D. B. 12

F 10667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10667

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4708 Eastern Ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

2. FULL NAME George Clares

(a) Residence: No. 4708 Eastern ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Despina Clares

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 36	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME —

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Despina Clares

(Address) 4708 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Mar. 16. 19

19. UNDERTAKER Wm S Fialkowski

(Address) 2007 Eastern ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12. 1935 to March 13. 1935

I last saw h. alive on March 13. 1935. Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis

Other contributory causes of importance:

Low Blood Pressure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Lod M. D.

(Address) 4616 Eastern ave

M. D. F 1268-9

F 10668

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10668

CERTIFICATE OF DEATH

169

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 23 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

2. FULL NAME Jennie E. Sheehan

(a) Residence: No. 1120 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas P. Sheehan

DATE OF BIRTH (month, day, year) Jan. 1, 1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Miss Frances Sheehan

(Address) 1116 Hanover St.,

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Mar. 16, 1935

UNDERTAKER John J. Dempsey

(Address) 715 Light St.

FILED ....., 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage.	
Suicide.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Visit Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/13 1935

Where did injury occur? City Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Jumped out Window

Nature of injury Cerebral Haemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. P. Negro M. D.
Coroner

(Address) 130 S. Patterson Park

M. D. B. 1968-0

F 10669

10669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lincoln

CITY OF BALTIMORE: (No. Hebrew Home for Aged St., 27 ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Yetta Cohen

(a) Residence: No. Reference Pikesville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Abraham Cohen

7. DATE OF BIRTH (month, day, year): 1848

8. AGE — Years: 87 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME OF FATHER: George

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME OF MOTHER: Myerberg

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Sig. Steinhardt supt.

(Address) Reference Pikesville

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Co. Date 3 15 1935

19. UNDERTAKER: Jacob Heim Inc.

(Address) 1409 E. Baltimore St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/14 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/32 to 3/14 1935

I last saw her alive on 3/14 1935. Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3/11/35

Fracture of left femur

Myocarditis

Other contributory causes of importance:

Chronic Bronchitis

Right cataract

Fracture of left femur — 3/7/35

Name of operation — Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/7 1935

Where did injury occur? Baltimore MD (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place: Aged Home for Hebrews

Manner of injury: Slipped on floor

Nature of injury: Fracture Left Femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. Edmund Klein M. D.

(Address) Lincoln

F 10670

H. D. B. 1268-9

F 10670 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 46-F

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. V Ward)

Length of residence in city or town where death occurred yrs. mos. 10 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Rev. George Gilbert Barnes

(a) Residence: No. Glenarm P. O. St. Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Gilbert

DATE OF BIRTH (month, day, year) Oct. 6, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Hosea Barnes

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Gilbert

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Rev. Wilson Barnes

(Address) Corey Md.

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date March 18, 1935

UNDERTAKER J. S. Bailey & Bro.

(Address) Arlington Md.

FILED 3 1935, 19 6 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 5th, 1935, to Mar 15th, 1935

I last saw him alive on Mar 15th, 1935. Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Head of Pancreas — Date of onset 3-1-35

Bilateral Double Inguinal Hernia

I.

Other contributory causes of importance:

Generalized Arteriosclerosis

Cachexia & Anemia Severe

Hypertension.

Name of operation Abdominal Exploration on Mar 6th 35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) [illegible] M. D.

(Address) Union Memorial Hosp

Spec. # 30 A. 4 Co. 2nd Bn.

F 10671 ✓ F 10671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-W

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1112 Myrtle Ave St. 17 WARD)

2 FULL NAME Elizabeth Virginia Carter

(a) RESIDENCE NO. 1112 Myrtle Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If ~~married~~, widowed, or ~~divorced~~, ~~HUSBAND~~ of (or) WIFE of Arthur Carter

7 DATE OF BIRTH (month, day, and year) 1866

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse

(b) General nature of industry, business, or establishment in which employed (or employer): Odd

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Gloucester Virginia

11 NAME OF FATHER: Smith

12 BIRTHPLACE OF FATHER (city or town) (State or country): Gloucester Virginia

13 MAIDEN NAME OF MOTHER

14 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant (Address) Mrs. Mary Mason 1112 Myrtle Ave

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 12, 1935

17

I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935, to March 12, 1935

that I last saw her alive on March 12, 1935

and that death occurred, on the date stated above, at 4 16 m.

The CAUSE OF DEATH* was as follows:

Acute Respiratory Infection

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wyatt Jr., M. D.

, 19 (Address) 811 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Gloucester Co. Va

DATE OF BURIAL: March 19 35

20 UNDERTAKER: Jos. Geo. H. Holland

ADDRESS: 631 Druid Hill Ave

M. D. B. F 10672

F 10672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. 137

CITY OF BALTIMORE: (No. ____ St., 21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME: Louis Ginsling

(a) Residence: No. 2005 S. Fremont St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Susie Ginsling

DATE OF BIRTH (month, day, year): Feb 26, 1861

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	74	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Garden

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Louis Ginsling

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Rebecca ?

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 3/18/ 19 35

UNDERTAKER: F. Engelbrecht & Son

(Address): Elkton City

FILED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. TIME OF DEATH (month, day, year): March 15 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12 1935 to March 15 1935

I last saw him alive on March 15 1935 Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertrophy Prostate Bdder — Data of onset: ?

Other contributory causes of importance: Pyo-Nephrosis — 3/15/35

Name of operation: Suprapubic Cystotomy Date 3/12/35

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so specify ____

(Signed) Samuel H. Ford M. D.

(Address) Balto City Hospitals

pec.—1-30—M. & T.—250 Bks

F 10673

F 10673

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 131

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 5504 Key ave ST., Pinkie 21 (WARD)

2-FULL NAME Olivia F. Hendrickson

(a) RESIDENCE NO. 5504 Key ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, ~~or divorced~~ HUSBAND of ~~or) WIFE of~~ John Hendrickson

DATE OF BIRTH (month, day, and year) 7. 20. 1859

AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75	7	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 6037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Washington D. C

10 NAME OF FATHER Lemuel Gates

11 BIRTHPLACE OF FATHER (city or town) (State or country) D. C

12 MAIDEN NAME OF MOTHER Sarah Rockett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D C

Informant Tracy Hendrickson
(Address) 5504 Key ave

Filed ___ ___, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3. 14. 1935

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1934 to March 13, 1935, that I last saw her alive on March 13, 1935 and that death occurred, on the date stated above, at 2.35 P. m.

The CAUSE OF DEATH* was as follows:

Senile degeneration, Chronic Bigeste Cardiac Regurgitation

(duration) 1 yrs. ___ mos ___ ds.

CONTRIBUTORY (Secondary) Obliteration of heart

(duration) ___ yrs. ___ mos. 3 ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Gross

(Signed) E. H. Bratton, M. D.

3. 7. 1935 (Address) Int. Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge	Mar 16 1935
20 UNDERTAKER	ADDRESS
A. S. Marshall	353 Gilmor

F 10674

F 10674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hospital St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Anders

(a) Residence: No. 2209 W. Lafayette Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Vaughn Anders

DATE OF BIRTH (month, day, year) 2-29-04

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	—	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Richard H. Carberry

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Mary E. Randell

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Vaughn L. Anders
(Address) 2209 W. Lafayette Ave

BURIAL, CREMATION, OR REMOVAL
Place Catherine Cem. Date Mar. 18 1935

UNDERTAKER Chas. P. Grace & Son
(Address) 1600 Eutaw Place

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-13-35 . 19 . to 3-15-35 . 19

I last saw her alive on 3-15-35 . 19 . Death is said to have occurred on the date stated above, at 6:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert H. Allison M. D.

(Address) Bon Secours Hosp.

F. D. B. 1268-9

F 10675

0675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH LEVINDALE

CITY OF BALTIMORE: (No. HEBREW HOME for Aged & Infirmed St., 27 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Fannie Rotem

(a) Residence: No. Belvedere & Greenspring Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mendel Rotem

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Fanny —

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Levindale Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Levindale Date 3-15-35 19

UNDERTAKER Jacob Frank Inc

(Address) 1439 E Balto St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1935, to 3-15, 1935

I last saw her alive on 3-14, 1935. Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hyper tension	
Cardio vascular disease	

Other contributory causes of importance:

Chr Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H Edmund Levin, M. D.

(Address) Levindale

M. D. B 1268-B

E 10676

HEALTH DEPARTMENT—CITY OF BALTIMORE

10676

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 Frederick Ave. St., 20 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Emil Albrecht

(a) Residence: No. 2320 Frederick Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 29-1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	14 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hungary

13. NAME Adalbert Albrecht

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Catherine Albrecht

16. BIRTHPLACE (city or town) (State or country) Hungary

INFORMANT Erna Albrecht

(Address) 2320 Frederick Ave.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 16 19 35

UNDERTAKER Frank Weller Mose

(Address) 52 N Motley St

FILED 3-16 1935 Huntington Woods Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on Inquiry 19 ..... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mar. 13 1935

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jos. L. Valentine Jr. M. D.

(Address) 16 South Broadway Coroner

M. D. B. 1269-9

F 10677

6777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH University Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Brooks

(a) Residence: No. 708 Pine Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Brooks

DATE OF BIRTH (month, day, year) Md 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Mary Land.
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL

Place ... Date March 13 1935

UNDERTAKER
(Address)

FILED ... 19... Registrar.

O.K. Eugene Feller M.D. Cor. with

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9 . 1935, to March 9 . 1935

I last saw her alive on March 9 . 1935 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

2nd & 3rd degree burns of two-thirds of body — Date of onset 3/9/35

Other contributory causes of importance:

Shock

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident of injury 3/9 . 1935

Where did injury occur? Baltimore, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury clothing ignited from stove

Nature of injury House not given

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Helen J. Maginnis . M. D.

(Address) University Hospital

1186

D. B 1268-9

F 10678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10678 V 23 Good

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospitals St., V Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mike Vasuel

(a) Residence: No. 901 Fell St St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
V	4 V			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Mar 15 1935
Place [illegible] Md School

19. UNDERTAKER
(Address)

FILED MAR 15 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 26 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of None

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 120 S Patterson Park

THE MORGAN PRESS

M. D. B. 1268-9

E 10679

10679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 hrs. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl March

(a) Residence: No. Dundalk, Md St., 6 B Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	infant

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of infant

DATE OF BIRTH (month, day, year) March 8, 1935

AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Lewis March

14. BIRTHPLACE (city or town) (State or country) Chicago, Ill. U.S.A.

15. MAIDEN NAME Alvina Jagielsko

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mother

(Address) Dundalk, Md

BURIAL, CREMATION, OR REMOVAL

Place Ft Med Sch Date Mar 15 19 35

UNDERTAKER

(Address)

FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1935 to 3-9, 1935

I last saw her alive on 3-9, 1935 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity (36 wks) — Date of onset 3-8-35

Congenital atelectasis

Other contributory causes of importance:

Maternal Placenta Previa with Caesarian Section

Name of operation ..... Date of .....

What test confirmed diagnosis? Obs. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

.....If so, specify.....

(Signed) C. Savage, M. D.

(Address) Univ. Hosp

S. D. B. 1268-2

E 10680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. x 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James C Collins

(a) Residence: No. Weston St., Ward. West Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) W Va

13. NAME Charles Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Weston W. Va Date Mar 15" 1935

UNDERTAKER Geo M. Trisler Son
(Address) 811 Division St

FILED [illegible] Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1935 to March 15, 1935
I last saw him alive on March 15, 1935 Death is said to have occurred on the date stated above, at 11½ a m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease	Date of onset
Cardiac Failure		Sudden

Other contributory causes of importance:

Arteriosclerosis	?
Benign Prostatic Hypertrophy	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W. Baker, M. D.

(Address) Johns Hopkins Hosp

H. D. B 1263-9

10681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10681

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?.....yrs.....mos.....ds. How long in U. S. If of foreign birth ?.....yrs.....mos.....ds.

2. FULL NAME James H. Higgins

(a) Residence: No. 837 North Howard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 18-1867

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Thomas Higgins

14. BIRTHPLACE (city or town) (State or country) Vermont

15. MAIDEN NAME Mary Gavin

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Mary Lehman

(Address) Toledo Ohio

BURIAL, CREMATION, OR REMOVAL

Place Toledo Ohio Date March 15 1935

UNDERTAKER Martin Gahe & Sons

(Address) 182 W. North Ave.

FILED 3-16 1935 Huntington Willis M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occured on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Broncho Pneumonia	Mar. 13 1935
Other contributory causes of importance:	
None	

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos L. Valentine, C. M. D. Coroner

(Address) 16 South Broadway

M. D. B 1263-9

E 10682

0682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., ? Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Frans. Juuri (Tuuri)

(a) Residence: No. 4700 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Sing

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 28 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1	11 13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 8 32

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Finland.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Bethlehem Steel Co
(Address) Sparrows Point Md

BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Mar 16 1935

UNDERTAKER John F. Denny
(Address) 215 E. 1st St

FILED [illegible] 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/9 1935 to 3/11 1935

I last saw him alive on 3/11 1935 Death is said to have occurred on the date stated above, at 3 45 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (?)	3 days (?)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitor M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

10683 F 10683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ Hosp. St. 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Huster.

(a) Residence: No. 921 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~Husband~~ of (or) WIFE of Frank C Huster.

DATE OF BIRTH (month, day, year) April 8, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) Mar. 12, 1935
11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Charles J. Fitta
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Barbara Troeger
16. BIRTHPLACE (city or town) (State or country) Balto Md.
INFORMANT Charles J. Fitta
(Address) 1925 Eden St.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 16 1935

UNDERTAKER John F Dennis
(Address) 713 Lexington St.
Huntington Cabell, W. Va.

FILED MAR 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935 to March 13, 1935
I last saw h[illegible] alive on March 13, 1935. Death is said to have occurred on the date stated above, at 1/2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hem. intra. and post partum hemorrhage	Mar 13
Fatal shock	

Other contributory causes of importance:
Placenta Previa Centralis

Name of operation Classical Cesarean Section Date of Mar 13.
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) [illegible] M. D.
(Address) Univ Hosp

D. R. 1268-0

✓ F 10684

HEALTH DEPARTMENT—CITY OF BALTIMORE

10684

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U M H St., 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Clarence Eaton

(a) Residence: No. 308 W. 29th St. City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary T. Eaton

6. DATE OF BIRTH (month, day, year) Oct. 12, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Ice Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wesley Eaton

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lucretia Palmer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary T. Eaton

(Address) 308 W. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date May 18, 1935

19. UNDERTAKER Chenoweth & Sons

(Address) 3616 Huntington Ave

1935 May 18, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14/35 — 19

22. I HEREBY CERTIFY, That I attended deceased from 3/12/35 — 19 to 3/14/35 — 19

I last saw him alive on 3/14/35 19 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Arteriosclerosis generalized	
3. Cerebral Hemorrhage	3/11/35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

N. D. B. 1268-9

F 10685

F 10685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Roland Ave St. 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elmer Winfield Swann

(a) Residence: No. 3505 Roland Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Millie A. Swann

DATE OF BIRTH (month, day, year) Aug 18 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Jacob Swann

13. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Johanna Hoffman

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Harold Swann

(Address) 335 Falls Road

BURIAL, CREMATION, OR REMOVAL

Date

UNDERTAKER

(Address)

FILED , 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1935, to Mar 14, 1935

I last saw h alive on Mar 14, 1935 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days

Other contributory causes of importance:

Collapse

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Abram Drucker M. D.

(Address) 844 W 36th St Balto

H. D. B. 1269-9

E 10686

10686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-N

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Mutts (Witte)

(a) Residence: No. 614 Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 8/15/71

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Charwoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME David Sinnessey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary O'Mally.

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Records B. of H.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date March 16 35

UNDERTAKER [illegible]

(Address)

FILED [illegible] Assistant Registrar.

3 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/8, 1935 to 3/14, 1935

I last saw her alive on 3/14, 1935 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Duration of illness: 1 wk.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

M. D. P. 1268-9

10687

HEALTH DEPARTMENT—CITY OF BALTIMORE

10687

CERTIFICATE OF DEATH

X 123

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Clytha Kaiser

(a) Residence: No. Laurel Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Valentine Kaiser

7. DATE OF BIRTH (month, day, year): Apr 28th 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58 59	10	1416	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Charlie Fisher

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Ann Fisher

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Valentine Kaiser

(Address): Laurel Md.

BURIAL, CREMATION, OR REMOVAL

Place: Laurel Md. Date: Mch 17th 35

UNDERTAKER: Lloyd Carey

(Address): Laurel Md.

FILED: 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 14 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13 1935 to March 14 1935

I last saw her alive on March 14 1935 Death is said to have occurred on the date stated above, at 9:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia with Peritonitis	3-10
Circulatory Failure	3-14

Other contributory causes of importance:

Name of operation: Laparotomy Date of: 3-13-35

What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles L. Goodhand M. D.

(Address) University Hospital Balto.

F 10688

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10688

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3018 Frisby St., 9 Ward)

Length of residence in city or town where death occurred 1 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna J. Brewer

(a) Residence: No. 3018 Frisby St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis J. Brewer

DATE OF BIRTH (month, day, year) Feb. 16, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs.

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Joseph A. O'Neill

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Mary James

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT (Sister) Mary J. O'Neill

(Address) 2517 Barclay St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Cem. Date 3/16 1935

UNDERTAKER Wm. H. Underhill

(Address) 501 E. Lanvale St.

FILED MAR 16 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-17- 1934 to 3-13- 1935

I last saw her alive on 3-13- 1935 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3 days

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno. B. Syberte M. D.

(Address) 2802 Harford Ave

D. Bu 1268-9 F 10689

F 10689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb. 9)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ervin S. Swanson

(a) Residence: No. 610 Homestead st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 13, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Walter Swanson

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL 3/16/35
Place London Park Date 19

19. UNDERTAKER Geary & Ruth Sons
(Address) 1201 W. Fayette St.

20. FILED 19 35 Harry [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935, to March 12, 1935

I last saw him alive on March 12, 1935. Death is said to have occurred on the date stated above, at 12/45 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268 F 10690 ✓ F 10690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 6 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilly Scanlon

(a) Residence: No. 209 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of John T. Scanlon

DATE OF BIRTH (month, day, year) 7/2/1866.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68.	8 6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto.

12. NAME Samuel R Scoggins

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Mary J. McKay

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Records B.C.H.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 16 1935

UNDERTAKER Wm Cook
(Address) 1217 E Fayette St.

FILED MAR 16 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/14 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/2 1935 to 3/14 1935

I last saw h~~er~~ alive on 3/14 1935 Death is said to have occurred on the date stated above, at 5.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 10691 ✓ F 10691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 N. Gay St., 8 Ward)

Length of residence in city, or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Jr Schaeffer

(a) Residence: No. 1620 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Laura F. Schaffer
7. DATE OF BIRTH (month, day, year): March 11 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stock Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md Car. Co
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 15
12. BIRTHPLACE (city or town) (State or country): Germany
13. NAME OF FATHER: Justus Schaeffer
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME OF MOTHER: unknown
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT: Daisy Schaeffer
(Address): 1620 N. Gay St
18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 3/18/35
19. UNDERTAKER: Lemmon Bros
(Address): 1217 St Paul St
20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1935 to Mar 15, 1935

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	4 days

Other contributory causes of importance: Arteriosclerosis

Name of operation: Physical Signs Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 ....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) F. E. Hoover M. D.

(Address) 1301 N. Paca St

C 1035

Dec.—2-29-28—L. P. S.—[illegible] F 10692

F 10692

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 201 Hawthorne Rd ST., 27 WARD)

2—FULL NAME Mary Agnes Mallahan

(a) RESIDENCE NO. 201 Hawthorne Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 5th 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	10	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Teacher 0068

(b) General nature of industry, business, or establishment in which employed (or employer) City of New Haven, Conn.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New Haven Conn

10 NAME OF FATHER Mathew Mallahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bridget Dugoldsby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Rose C. Cain

(Address) 201 Hawthorne Rd R. P

Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 15, 1935

17 I HEREBY CERTIFY, That I attended deceased from Mar (?), 1932, to Mar 15, 1935, that I last saw her alive on Mar 15, 1935 and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Rheumatic Endo-Cardo Myocarditis

(duration) 3+ yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. V. D. Wack, M. D.

, 19 (Address) 513 E. 39th.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Laurence Cemetery New Haven Conn — DATE OF BURIAL Mar 18th 1935

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

MAR 16 1935

F 10693

H. D. B. 3268-B

F 10693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Donohue

(a) Residence: No. S.W. Cor Aisquith & Madison Sts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 26/1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 0062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel Donohue

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bertha Frank

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

INFORMANT James Donohue (Bro)
(Address) 1618 Chilton St

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/16 19 35

UNDERTAKER Henry Lutz
(Address) 1205 N Broadway

FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... bet 3 & 7 A.M. 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance: History of Acute Alcoholism	3 wks

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

D. B. 1268-94

F 10694

F 10694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lock + Wills St., 27 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Baker

(a) Residence: No. 106 N Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Henry E Selby

(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date March 16 35

19. UNDERTAKER F. B. Wagner

(Address) 1832 E Biddle St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Accidental Drowning	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 3/13, 1935

Where did injury occur? Lock + Wills St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell overboard

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. E. Kenny M.D. Coroner

(Address) 1306 N. Patterson Park

F 10695

F 10695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510-14 N. Gilmor St., 17 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerry Walker

(a) Residence: No. 654 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A.A.	Widower

If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Lilly Butts Walker

6. DATE OF BIRTH (month, day, year) 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	90			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

13. NAME Saml Walker

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

15. MAIDEN NAME Workman

16. BIRTHPLACE (city or town) (State or country) ...

INFORMANT Lulu Armstead (niece)

(Address) 737 Dolphin St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 16, 1935

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 S Broadway St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1935, to 3/13, 1935

I last saw ~~him~~ alive on 3/13, 1935 Death is said to have occurred on the date stated above, at 6 50 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2 days
Chr. Nephritis	Unk
Chr. Myocarditis	Unk
Other contributory causes of importance:	
advanced arteriosclerosis	Unk
Inguinal Hernia (left)	25 yrs

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Carson C. Johnson, M. D.

(Address) 1632 Baker St

D. B. 1268-9 F 10696 ✓ F 10696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Baltimore City Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth 77 yrs. 8 mos. 15 ds.

2. FULL NAME William Stansbury alias

(a) Residence: No. 1706 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Stansbury

DATE OF BIRTH (month, day, year) June 27, 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Gordon Stansbury

14. BIRTHPLACE (city or town) Balto (State or country) Maryland

15. MAIDEN NAME Elizabeth Taney

16. BIRTHPLACE (city or town) Balto (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loraine Cem. Date May 16/35

UNDERTAKER Stewart Horan Co.
(Address) Edmondson Ave

FILED 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935, to March 14, 1935

I last saw h[illegible] alive on March 14, 1935 Death is said to have occurred on the date stated above, at 7:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Hypostatic pneumonia	
	about

Other contributory causes of importance:

Bronchial pneumonia

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert A. Leitch, M. D.

(Address) Balto. City Hosp.

F 10697 ✓ F 10697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1949 Mosher St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 9 ds. How long in U. S. If of foreign birth 70 yrs. 0 mos. 9 ds.

2. FULL NAME Elizabeth Mehren

(a) Residence: No. 1949 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank R. Mehren

6. DATE OF BIRTH (month, day, year): March 9 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

9. Date deceased last worked at this occupation (month and year): none

10. Total time (years) spent in this occupation: none

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME OF FATHER: Charles Boyle

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Ellen Ward

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Mrs Helen E Flynn (daughter)

(Address) 1949 Mosher St

BURIAL, CREMATION, OR REMOVAL

Place: Balto. County Date: March 18 35

UNDERTAKER: Stewart & Myers Co.

(Address) 1425 Eastern Ave. Baltimore, Md.

FILED MAR 18 1935, 19

Registrar.

Pgt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 14 35

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 35 to Mar. 14 35

I last saw her alive on Mar. 13. 35 Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	Unknown
Other contributory causes of importance:	
acute Dilatation	Mar 10.

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 1st Lieut. C. Blake M. D.

(Address) Med Arts Bldg

H. D. P. 1269-9 F 10698 ✓ F 10698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Fells Street St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wojciech Majka.

(a) Residence: No. 931 Fells Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~XXXXXX~~ Katherine Majka

DATE OF BIRTH (month, day, year) July 15th 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor cond

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Katherine Majka (Wife)
(Address) 931 Fells Street

BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem Date March 18th 35

UNDERTAKER George A. Weber
(Address) 705 S Ann Street

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1934 to March 14, 1935

I last saw him alive on 3/14, 1935. Death is said to have occurred on the date stated above, at 4-A, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	
Ch Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein, M. D.

(Address) 733 Arlington St

F 10693 ✓ F 10693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Broadway St., 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary Draydon

(a) Residence: No. 710 N. Broadway St., 6th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 11, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Charles Draydon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Martha Brown

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Susie Draydon - (sister)
(Address) 710 N. Broadway

BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery March 16, 1935

UNDERTAKER Chas. V. Black
(Address) 742 W. Baltimore

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 27, 1935 to March 13, 1935

I last saw her alive on March 13, 1935 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	3-12-35
Other contributory causes of importance:	
Hypertension	1928

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Miriam E. Bradley, M. D.

(Address) 710 N. Broadway

H. D. B. 12-36 F 10700 ✓ F 10700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Bevan St., 73 Ward)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Wallace

(a) Residence: No. 901 Bevan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of James D. Wallace.

DATE OF BIRTH (month, day, year) Nov. 8 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

13. NAME Harrison Height

14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland.

15. MAIDEN NAME Alethia Smith

16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

INFORMANT Frederick Height

(Address) 901 Bevan

BURIAL, CREMATION, OR REMOVAL. Place Mt Calvary Date 3/17/35

UNDERTAKER Isaiah L Brown & Son

(Address) 108 N Montgomery St

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1935, to 3/13, 1935

I last saw her alive on 3/12, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3/3/35

Other contributory causes of importance: None

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Truscott, M. D.

(Address) 1811 Bolton

D. B. 1268-9 F 10701

F 10701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1551 Parnell Ave 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Orphanos

(a) Residence: No. 6051 Parnell Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Penelope Orphanos

DATE OF BIRTH (month, day, year) Dont Know

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or Country) Greece

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT James Demeter

(Address) 227 E 102 nd St New York City

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Mar 16, 1935

19. UNDERTAKER John Ulmer & Sons

(Address) 220 E Baltimore

20. FILED Mar 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1935 to March 15, 1935

I last saw him alive on March 14, 1935 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-15-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. V. Reier, M. D.

(Address) Dundalk, Md.

E 10202

E 10702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1366 N. Chester St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Coleman

(a) Residence: No. 1366 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emmily Coleman

DATE OF BIRTH (month, day, year) ——— 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1 year

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lancaster Virginia

12. NAME Edward Coleman

13. BIRTHPLACE (city or town) (State or country) Lancaster Virginia

14. MAIDEN NAME Winnie (Unknown)

15. BIRTHPLACE (city or town) (State or country) Lancaster Virginia

INFORMANT Emmily Coleman (Wife)

(Address) 1366 N. Chester

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Mar 16 1935

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

FILED 3-16-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1935

22. I HEREBY CERTIFY, That I attended deceased from December 12 1934 to March 15 1935

I last saw h[illegible] alive on March 14 1935 Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcin-Renal Uraemia	Dec 24 '34

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ——— 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. K. Kelson M. D.

(Address) 1209 Presstman St

H. D. F. 1268-9

F 10703

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10703

47-C

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary See

(a) Residence: No. 1321 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	All	Married

6. If married, widowed, or divorced (of) WIFE of John See

DATE OF BIRTH (month, day, year) —— 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jake Stewart

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT John See
(Address) 1321 Woodyear St.

BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date mar 18 35

UNDERTAKER Thomas E. Kelan
(Address) 1303 Presstman St.

FILED MAR 16 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-13- 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-6- 1935 to 3-13- 1935

I last saw her alive on 3-13- 1935. Death is said to have occurred on the date stated above, at 11:59 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial-Pneumonia	3-4-35
Other contributory causes of importance: Mediastinal Tumor	unknown
	2 yrs

Name of operation —— Date of ——

What test confirmed diagnosis Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B. le Compte M. D.

(Address) Provident Hosp.

D. B 1268-9

10704 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10704

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 119 No. Carrollton Ave. St. 18 Ward)

ngth of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Buckanan

(a) Residence: No. 119 No. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Buckanan

ATE OF BIRTH (month, day, year) Nov. 22-1862

GE	Years	Months	Days	If LESS than 1 day hrs. or min.
	72	3	21 23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jo

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

15. MAIDEN NAME Sarah Buckanan

16. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

NFORMANT Bertha Buckanan
(Address) 119 No. Carrollton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 16 1935

UNDERTAKER Mrs Gertt Holland
(Address) 1631 Druid Hill Ave

Registrar.

MAR 16 1935

ILCD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-35 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on Inquiry , 19 Death is said to have occurred on the date stated above, at 11P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Cardal Insufficiency	Mar. 15 1935.
Other contributory causes of importance: Chronic Myo-Carditis	

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) J. H. L. Voltz M. D.
Coroner

(Address) 16 South Broadway

F 10705

D. B. 1268-9

10705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 2029 Llewelyn ave. 8 Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Carl William Chambers

(a) Residence: No. 2029 Llewelyn Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale.	Color.	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Mar 12th 1935

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4		days	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

IRTHPLACE (city or town) Baltimore Md.
(State or country)

2. NAME Helena Chambers

4. BIRTHPLACE (city or town) Md.
(State or country)

5. MAIDEN NAME Lucille Mangrum

6. BIRTHPLACE (city or town) Md.
(State or country)

NFORMANT Helga V. Chambers
(Address) 2029 Llewelyn Ave.

URIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Mar 16 1935

NDERTAKER Wm. Fred Elliott
(Address) 1120 Hanover St.

ILED MAR 16 1935 at Huntington, Maryland, N. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-12-1935 to 3-15-1935

I last saw h. alive on 3-14-1935 Death is said to have occurred on the date stated above, at 12-5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorragic Disease of new born.	3-14-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno. F. Ramsey M. D.

(Address) 611 N. Carrollton

D. B. 126-10706 F 10706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hospital St., 1st Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David L. Anderson

(a) Residence: No. 515 W. Lombard 1811 St., Lindenwar
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Jessie M. Anderson

DATE OF BIRTH (month, day, year) Sept 19 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME OF FATHER David Anderson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jessie M Anderson

(Address) 1811 Lindenwar

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/16, 19 35

19. UNDERTAKER Edward Taylor

(Address) 2317 Harford Place

20. FILED MAR 16 1935 If not buried, cremated or removed, disposition of body Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-8-35, 19 ..., to 3-16-35, 19 ...

I last saw him alive on 3-14-35, 19 ... Death is said to have occurred on the date stated above, at 6 65/a .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	

Other contributory causes of importance:

Carcinoma of Prostate	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert Ed. Allison, M. D.

(Address) Bon Secours Hosp.

D. B. 1268-9

F 10707

F 10707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 269 S. Ellwood Ave. St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Kimmerle

(a) Residence: No. 269 S. Ellwood Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Kimmerle

6. DATE OF BIRTH (month, day, year) March 24, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish Market

10. Date deceased last worked at this occupation (month, year) Dec. 1934

11. Total time (years) spent in this occupation 40 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Bernhardt Kimmerle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Saners

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise Kimmerle
(Address) 269 S. Ellwood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Mar. 17, 35

19. HENRY SANDER & SON, INC.
UNDERTAKER
(Address) Baltimore & Broadway

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1935, to March 12, 1935

I last saw h... alive on 2-11-1935. Death is said to have occurred on the date stated above, at 11 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation	
Acute Dilatation	
Other contributory causes of importance:	
Chronic Myocarditis	

Name of operation No Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) 301 S. Ellwood Ave

F. D. B. 1368-9 F 10708

F 10708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Laubach.

(a) Residence: No. 3305 Marshall Court. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

7. DATE OF BIRTH (month, day, year) 3/4/49.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86.	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year) Dec 1910

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Christian Laubach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mary Lorey (daughter)

(Address) 3305 Marshall Court

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Mar. 18. 1935

UNDERTAKER HENRY SANDER & SONS. INC. Per J. Stark

(Address) Baltimore & Broadway.

FILED 13 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/12 . 1935 to 3/14 . 1935

I last saw h[illegible] alive on 3/14 . 1935 Death is said to have occurred on the date stated above, at 10 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Edward A Kelly M. D.

(Address) Balto. City Hosp.

F 10709

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10709

✓ 107-a

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 916 Clorey ST. 18 WARD)

2 FULL NAME William James Clash

(a) RESIDENCE NO. 916 Clorey ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	3 COLOR OR RACE	4 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5 If married, Widowed, or divorced, HUSBAND of (or) WIFE of Mary Elizabeth Alma Clash

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of Industry, business, or establishment in which employed (or employer) Laund. Co
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Archie Clash

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cambridge

12 MAIDEN NAME OF MOTHER Mary Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Edmonda Paige
(Address) 916 Cloney St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 14, 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935 to March 14, 1935 that I last saw him alive on March 14, 1935 and that death occurred, on the date stated above, at 2.14 P.M.

The CAUSE OF DEATH* was as follows:

Acute Nephritis 1 mon
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia
(duration) yrs. 2 mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles F. Wingfield M. D.

19 (Address) 811 Harlem Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cemty — DATE OF BURIAL 3-16 1935

20 UNDERTAKER Walter D. Spriggs — ADDRESS 409 W. Lafayette Ave

F 10709

D. B. 1708-9

F 10710

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10710

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Marshall St. 23 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna M Kroth

(a) Residence: No. 1703 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed or divorced
HUSBAND of (or) WIFE of: Theodor Kroth

6. DATE OF BIRTH (month, day, year): May 17 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Henry White

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Mary Young

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: John F. Kroth

(Address) 1703 Marshall St

18. BURIAL, CREMATION, OR REMOVAL: Cedar Hill Date 3/18 1935

19. UNDERTAKER: Ludwig Cook

(Address) 121 S Paul St

FILED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1935 to Mar. 14 1935

I last saw HER alive on Mar. 14 1935. Death is said to have occurred on the date stated above, at 9½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/21/35
Other contributory causes of importance: Exhaustion	2/13/35

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3/15/35 (Signed) R. H. Campbell M. D.

(Address) 1644 Hanover St

F 10711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3639 Roberts Place St., 26 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Lutz - Rostenmeyer

(a) Residence: No. 3639 Roberts Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Rostenmeyer

6. DATE OF BIRTH (month, day, year) Jan 25 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Chas. F. Lutz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Fredericka Blaich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Franklin L. Lauer

(Address) 3639 Roberts Place

18. BURIAL, CREMATION, OR REMOVAL

Place Dr. Mathews Date 3/17/34 19

19. UNDERTAKER Charles Herbert & Sons

(Address) 2006 Eutaw St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 1933 to March 14, 1934

I last saw her alive on March 13, 1934 3:30 P.M. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	4 yrs
Other contributory causes of importance:	
Bronchio-Pneumonia (Terminal)	7 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. L. Young M. D.

(Address) 2001 E. Baltimore

F 10712

F 10712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Hall

(a) Residence: No. 117 N. Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of late Edward Hall

DATE OF BIRTH (month, day, year) Nov. 1870.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Washington
(State or country) D. C.

13. NAME Albert Erb

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Caroline Ehrbeck

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Jerome Rudiger
(Address) 117 N. Bentalon St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 7, 19 35

UNDERTAKER Harry F. Mutzke
(Address)

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-26-35, 19 ... to 3-15-35, 19 35

I last saw her alive on 3-15, 19 35 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus with coma	1920
Arteriosclerotic Heart Disease	none

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Walter A. Klein, M. D.

(Address) South Balto Hosp.

D. B. 1268-9

F 10713

0713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2302 Druid Park Drive St., 15-17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Frederick F. Leonard

(a) Residence: No. 2302 Druid Park Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian G. Leonard

6. DATE OF BIRTH (month, day, year) April 26, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6019

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Big Slates N.Y.

13. NAME John K. Leonard

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Eliza DeWitt

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Mrs Lillian G. Leonard
(Address) 2302 Druid Park Drive

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/18/35, 19

UNDERTAKER Frederick A Cole
(Address) 1200 W Lombard St

FILED 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1935. to Mar 15, 1935.
I last saw h 4 alive on Mar 13, 1935. Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	?
Other contributory causes of importance:	

Name of operation No Operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify

(Signed) J F Hamrick, M. D.

(Address) 408 E Baltimore St

D. P. 1268-2

E 10714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V 92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jesse Pryle

(a) Residence: No. 1 e Baltimore St., Ave Ward. Lansdale Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of? Minnie

DATE OF BIRTH (month, day, year) 5/25/89

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bethlehem Steel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn—

13. NAME Armin Pryle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Reeds—

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsburg Penna Date 3/16 19 35

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED ... 19 ... Registrar.

W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1934 to Mar 15 1935

I last saw him alive on Mar 15 1935. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease, inactive	1931
Mitral Stenosis + Insufficiency	1934
Aortic Stenosis + Insufficiency	1934
? Pulmonary Embolus	3/15/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital

H. D. B. 1268-9

K 10215

HEALTH DEPARTMENT—CITY OF BALTIMORE

215

CERTIFICATE OF DEATH

✓ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Port St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 6 yrs. ... mos. ... da.

2. FULL NAME Catherine Connelly

(a) Residence: No. 223 N. Port St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick H. Connelly

DATE OF BIRTH (month, day, year) April 18 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Burleson

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT James Connelly.

(Address) 223 N. Port St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 18 1935

UNDERTAKER Frank V. Fabritora

(Address) 2318 E. Baltimore St

FILED ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st-35 19... to Mch 14/35 19...

I last saw her alive on Mch 14-35 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	4 yrs

Other contributory causes of importance: none

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) F. A. Herrman, M. D.

(Address) 2913 E Baltimore St

H. D. B. 1268-9

E 10716

10716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 Towson St. 24 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine M. Ellis

(a) Residence: No. 1443 Towson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Patrick J. Ellis

DATE OF BIRTH (month, day, year) February 5, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Agnes Fagan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Boyle

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Patrick J. Ellis

(Address) 1443 Towson

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/18, 1935

UNDERTAKER Margaret E. Flynn

(Address) 1522 Light St

FILED 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1935 to March 15, 1935

I last saw her alive on March 14, 1935. Death is said to have occurred on the date stated above, at 9:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10 mo
Other contributory causes of importance:	
Influenza	2
Lobar Pneumonia	1

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Greenmount Ave

D. B. 1268-9

F 10717

10717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Md. St., 15 Ward)

Length of residence in city or town where death occurred 50 yrs. 4 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George B. Young

(a) Residence: No. 3304 Gwynns Falls Parkway, St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Mary E. Young

6. DATE OF BIRTH (month, day, year) Nov. 14, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 40-30

10. Date deceased last worked at this occupation (month and year) 2-17-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME OF INFORMANT John M. Young

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME OF WIFE Jane Howe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT U.S. Marine Hospital Records,

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date March 18 1935

19. UNDERTAKER Robert L. Lisle

(Address) 2700 Edmondson Ave

20. FILED Huntington Wilkinson 3-19-35
1935 Dep R

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1935, to March 16, 1935

I last saw him alive on March 16, 1935. Death is said to have occurred on the date stated above, at 5:45a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach, mucous adeno	Dec. 1934

Other contributory causes of importance:

none

Name of operation Exploratory incision Date of 3-4-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. N. Townsend, M. D.

(Address) E. N. Townsend, U.S. Marine Hosp. Baltimore, Md.

H. D. B 1268-9

F 10718

10718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Rose Marie McNulty

(a) Residence: No. 1303 Wilcox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 19/1929

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	2	24	2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Leo P. McNulty

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Alice M Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Leo P. McNulty

(Address) 1303 Wilcox St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Mar 18, 1935

UNDERTAKER Edmund A. Conklin

(Address) 6245 Eager St.

FILED Mar 19 1935 Huntington Wilt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15/35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock - burns over face trunk and arms.	Mar 15/35

Other contributory causes of importance:

Name of operation inquiry Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Mar 15/

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place clothing ignited while she was

Manner of injury burning paper thru grate of

Nature of Injury kitchen range. Home not on fire

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.
Coroner

(Address) 508 E Fayette

H. D. P. 1268-9

E 10719

10719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Wood

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Wood

DATE OF BIRTH (month, day, year): 31 October 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	69	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1170

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Thomas Holland

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Adeline Gray

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Sister Stanislaus, Sup.

(Address) 1200 Valley St. Balt. Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Laurel Cem. Date: Mar. 18, 1935

19. UNDERTAKER: Rita Wiedefeld

(Address) 914 Greenmount Ave

17 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 16 March, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, 19..., to March 16, 1935

I last saw her alive on March 15, 1935. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?

Other contributory causes of importance:

Artio Sclerosis	?

Name of operation: ... Date of: no

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. Dec Carter, M. D.

(Address) 111 W Hoffman St

D. H 1268-B

T 10720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-w

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Enroute to City Hospital St., 6 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Harry A Hamilton

(a) Residence: No. 706 Rebellions Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Flora Hamilton

ATE OF BIRTH (month, day, year) Mar 18 1866

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	68	11	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Delaware

2. NAME Wm B Hamilton

3. BIRTHPLACE (city or town) (State or country) Del

4. MAIDEN NAME Rebecca Rust

5. BIRTHPLACE (city or town) (State or country) Del

INFORMANT Flora Hamilton

(Address) 706 Rebellions Ave

URIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 3/18 1935

NDERTAKER L. Frew Mc Colly

(Address) 130 E Fort Ave

Filed 3/18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	

Name of operation ..... Date of 26

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Kenny M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

D. B. 1268-9

0721

E 10721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5205 Purlington Way St. Homeland Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Lane Melcher

(a) Residence: No. 5205 Purlington Way St. Homeland Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of Patrick Otis Melcher

DATE OF BIRTH (month, day, year) Feb 18th 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64		28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brooklyn New York

13. NAME B. Lane

14. BIRTHPLACE (city or town) (State or country) Brooklyn New York

15. MAIDEN NAME Julia Richmond

16. BIRTHPLACE (city or town) (State or country) Brooklyn New York

17. INFORMANT Alexander C Kidd

(Address) 5205 Purlington Way Homeland

~~BURIAL~~, CREMATION, OR REMOVAL

Place London Park Date March 18th 1935

18. UNDERTAKER Henry M Jenkins Sons

(Address) Orleans St. Catholic St

Registered March 19 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to March 16, 1935

I last saw her alive on March 16, 1935. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3 days
Other contributory causes of importance:	
Cerebral Arteriosclerosis	chr.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John H Jenkins L. M. D.

(Address) Forrest & Lilly

H. B. 1268-9

F 10722

0722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

PLACE OF DEATH Sinai Hospital 13

Registered No.

TY OF BALTIMORE: (No. ..... St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Max Bernstein

(a) Residence: No. 2257 Reisterstown Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	W	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

ATE OF BIRTH (month, day, year) 1870

CE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	65			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cutlery

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

. NAME Vonbrun

. BIRTHPLACE (city or town) (State or country) Russia

. MAIDEN NAME Vonbrun

. BIRTHPLACE (city or town) (State or country) Russia

FORMANT Hospital Records.

(Address)

URIAL, CREMATION, OR REMOVAL Date 3/17/35

NDERTAKER Jack Lang & Bro

(Address) 1439 E. Baltimore St.

LED Huntington Woods Cemetery Register.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935 to March 14, 1935

I last saw him alive on March 14 1935 Death is said to have occurred on the date stated above, at 1130 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extra-vesical Tumor	?
Renal calculus left	
Other contributory causes of importance:	
Uremia	
Cachexia	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Malke E Gann, M. D.

(Address) Sinai Hosp

D. B 1268-9

F 10723

10723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 N. Schroeder St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Reinhardt

(a) Residence: No. 631 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Christina Reinhardt

DATE OF BIRTH (month, day, year) June 6. 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	9	9 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Reinhardt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary Christina Reinhardt

(Address) 631 N. Schroeder St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 18 1935

UNDERTAKER Mrs. Mrs. John H. Tenel & Son

(Address) 201 W. Fayette St.

FILED 1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13. 1935 to May 16. 1935

I last saw him alive on May 15. 1935 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

Abolesy

Date of onset

Other contributory causes of importance:

Name of operation — Date of no

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank E. Hagner M.D.

(Address) 627 Schroeder

D. B 1268-9

F 10724

0724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1 W. Baltimore St., 7 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Elmora Esteban

(a) Residence: No. 1237 N. Luzerne Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race: White 5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of: Frank Esteban

DATE OF BIRTH (month, day, year): Mar 15 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	0	00	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

Date deceased last worked at this occupation (month and year): 0000

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Md

2. NAME: Elmora Esteban

3. BIRTHPLACE (city or town) (State or country): Baltimore Md

4. MAIDEN NAME: Antonetta Bolla

5. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Frank Esteban

(Address): 1237 N. Luzerne

BURIAL, CREMATION OR REMOVAL: Mar 19 35

Place: Holy Redeemer Date: Mar 21 19

UNDERTAKER: Poltz Service Store

(Address): 2076 Orleans St.

FILED: 19 Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 15 19 35

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... Death is said

last saw h... alive on ... at ... m.

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Internal Hydrocephalus — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. G. Link Coroner, M. D.

(Address) Coroner

D. B. 1268-9
0725

✓ F 10725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 W. Lanvale St. St., 17 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Sullivan

(a) Residence: No. 528 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Sullivan

6. DATE OF BIRTH (month, day, year) May 27, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. White Washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John H. Sullivan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Julia Carter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah Sullivan

(Address) 528 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 3/18/, 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 542 W. Lanvale St.

20. FILED 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from for several years past to 3-15, 1935

I last saw h alive on 3-14, 1935. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset 2-12-35

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. K. Longnecker, M. D.

(Address) 111 W. Lanvale St.

H. D. P. 1768-9

0726

E 10726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Rose Hill Terrace St., 9 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph H Kuehn

(a) Residence: No. 503 Rose Hill Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie W Kuehn

DATE OF BIRTH (month, day, year) Feb 23rd 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63		21 23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Shop 0021

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph H Kuehn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sigella Metzger

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Carrie Kuehn Wife

(Address) 503 Rose Hill Terrace

BURIAL, CREMATION, OR REMOVAL

Place [redacted]dale Cem Date Mar 18, 1935

UNDERTAKER Geo Schilling & Sons

(Address) Monument & Linwood Sts

FILED 1935 Huntington Fillmore, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1934 to Mar 16, 1935

I last saw h[redacted] alive on Mar 15, 1935. Death is said to have occurred on the date stated above, at 6a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1 yr
	4
	yrs
Other contributory causes of importance: Failure of Compensation	Febr
	1934

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Walter D Tozer M. D.

(Address) 1136 Bentford Rd

D. B. 1268-9

✓ F 10727

0727 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

50

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 Hollins St. St., 19 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret May Mullineaux

(a) Residence: No. 1502 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) May 3, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Joshua Mullineaux

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sarah Ann Nicholson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Martha Mullineaux

(Address) 227 S. Cherry St. Richmond, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemy. Date 3/18/35 19

19. UNDERTAKER Chas. O. Mitchell & Sons

(Address) 1900 Eutaw Place

1935 Huntington Pittsburgh Pa. Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935 to March 15, 1935

I last saw her alive on March 14, 1935 Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	1 yr.

Other contributory causes of importance:

Name of operation Biopsy Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Palaschuk, M. D.

(Address) 4 N. Fulton Ave.

D. B. 1268-9

0728 ✓ F 10728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ITY OF BALTIMORE: (No. 2724 St. Paul St., 12 Ward)

ngth of residence in city or town where death occurred 75 yrs. 8 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida J. McCubbin

(a) Residence: No. 2724 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John D. McCubbin

DATE OF BIRTH (month, day, year) Aug. 9, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William Eaton

14. BIRTHPLACE (city or town) --------
(State or country) Maryland

15. MAIDEN NAME Margaret Christian

16. BIRTHPLACE (city or town) --------
(State or country) Maryland

INFORMANT Mrs. Bessie Latham

(Address) 2724 St. Paul Street

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery Date 3/18 19 35

UNDERTAKER Harry A. Mortuary Co.

(Address) 222 N. Calvert St.

FILED 3-18-19 35 [illegible]

1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1925 to March 15, 1935

I last saw her alive on March 15, 1935 Death is said to have occurred on the date stated above, at 9.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular disease	10 yrs ago
Other contributory causes of importance:	
Acute cardiac dilatation	March 15. 1935

Name of operation None Date of

What test confirmed diagnosis? Clinical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Forrest, M. D.

(Address) 2435 Maryland Ave

. D. B 1268-9

10729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

Registered No. 10729

ITY OF BALTIMORE: (No. Church Home & Infirmary 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred yrs. mos. de. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Glaser (II)

(a) Residence: No. 2013 Wheeler Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) March 15, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (a) (b)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Albert Glaser

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Gertrude Schneider

16. BIRTHPLACE (city or town) (State or country) London England

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL [illegible] Date 3/16/35

UNDERTAKER [illegible]
(Address) 1439 Bank St.

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to March 16, 1935.

I last saw h. in alive on March 16, 1935. Death is said to have occurred on the date stated above, at 11:28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (6¼ mos.)	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hugh C. Illingsworth M. D.

(Address) Church Home & Infirmary

H. D. B. 1268-9

0730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Church Home + Infirmary 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Glaser (I)

(a) Residence: No. 2013 Wheeler Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) March 15, 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Albert Glaser

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Gertrude Schneider

16. BIRTHPLACE (city or town) (State or country) London England

INFORMANT (Address) Hospital records

BURIAL, CREMATION, OR REMOVAL Date 3/16/35 19

UNDERTAKER (Address) Just Levin Inc 1439 E. Baltimore St.

1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to March 16, 1935

I last saw him alive on March 16, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (approx. 6¼ months)	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Ilgenfritz, M. D.

(Address) Church Home + Infirmary

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10731

10731

CERTIFICATE OF DEATH

X 59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Franklin Square Hospital, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frances M. Wilhelm

(a) Residence: No. Mt Carmel Balto Co Md, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Wilhelm

6. DATE OF BIRTH (month, day, year) Jan 22-1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Charles Ward

14. BIRTHPLACE (city or town) (State or country) Towson Md

15. MAIDEN NAME OF MOTHER Ethel Hedrick

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Harry Wilhelm Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Balto Co Date Mar 19, 1935

19. UNDERTAKER (Address) Wm C Brooks & Son Towson Md

20. FILED Mar 19 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duration Coma	March 16-35
Diabetic Mellitus	4
Influenza	March 17-35

Other contributory causes of importance:

Name of operation ... Date of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Joseph L Wharton M. D.

Coroner

(Address) 16 E Lexington St

D. B. 1268-9

10732 F 10732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph P. Raab (RAAB)

(a) Residence: No. Fullerton Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara M. Raab

DATE OF BIRTH (month, day, year) Feb. 14th 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) Mch 15 1935

10. Total time (years) spent in this occupation 26

BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

13. NAME George Raab

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

15. MAIDEN NAME Louise Powell

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

INFORMANT Barbara M. Raab

(Address) Fullerton Md.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Mch 19 1935

UNDERTAKER Frederick Lassahn & Son

(Address) 746 E. Lafayette Blvd

FILED 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1935

22. I HEREBY CERTIFY, That I attended deceased from injury 19 to 19

I last saw h alive on injury 19 Death is said to have occurred on the date stated above, at 8.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 3/15 1935

Where did Injury occur? Belair Rd nr. Fernhill (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place Street Accident

Manner of Injury Struck by auto while

Nature of Injury walking Belair road

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P Kenny M. D.

(Address) 2200 E Monument St Coroner.

D. B. 1268-0

F 10733 F 10733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2715 Orleans St., 6 Ward)

ength of residence in city or town where death occurred 40 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne R. Wirth

(a) Residence: No. 2715 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: George Michael Wirth

DATE OF BIRTH (month, day, year): Feb. 13, 1865

AGE Years	Months	Days	If LESS than 1 day, hours or min.
70	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Frederick Maryland

13. NAME: Christian Oberlein

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Augusta (Unknown)

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Cecelia Feldman (Daughter)

(Address): 2715 Orleans Street

BURIAL, CREMATION, OR REMOVAL

Place: Ceder Hill Cem. Date: Mar. 18, 1935

UNDERTAKER: Geo. J. Ruth Son

(Address): 1135 Hollins St.

FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May - 12, 1934 to Mar. 15 - 1935

I last saw her alive on March 14, 1935 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Several years
Other contributory causes of importance: Cerebral Hemorrhage	2 days

Name of operation: None Date of:

What test confirmed diagnosis: Physician? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) 201 Eutaw

F 10734

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10734

93-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 16 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Fanny Pilghman

(a) Residence: No. 720 Stockton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Perry Pilghman

DATE OF BIRTH (month, day, year) 3-15-1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	—	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Gabriel Nichols

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Susan Jones

BIRTHPLACE (city or town) (State or country) Cambridge Md

INFORMANT Perry Pilghman

(Address) 720 Stockton St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/19 1935

UNDERTAKER Charles G. Corbin

(Address) 514 N. Calhoun St.

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1.50 a m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Myocardial Insufficiency

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. J. Herzog M.D. M. D.

(Address) 1305 N Fallsway Balto

D. B. 1268-9

F 10735

F 10735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3547 Greenmount Ave St., 9 Ward)

Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Alice Estelle Germon

(a) Residence: No. 3547 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: August W. Germon

DATE OF BIRTH (month) Dec 13th 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): March 1934

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Balto Co

13. NAME OF FATHER: Jackson Bartlett

14. BIRTHPLACE (city or town) (State or country): Balto. Co.

15. MAIDEN NAME OF MOTHER: Josephine Cox

16. BIRTHPLACE (city or town) (State or country): Balto Co.

17. INFORMANT: Augustus German
(Address) 3547 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Mar 18th 1935

19. UNDERTAKER: Wm Cook
(Address) 1219 St Paul St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) March 15th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th 1934 to March 15th 1935

I last saw her alive on March 14th 1935 Death is said to have occurred on the date stated above, 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	
Myocarditis	March 1934
Other contributory causes of importance:	
Cardiac Arthma	Sept 1934

Name of operation — Date of —

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. H. Murgatroyd M. D.

(Address) 461 E 20th St

D. B. 1263-9

F 10736

F 10736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 96

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospital St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Carter

(a) Residence: No. 427 West 23rd St., ... Ward.

(Usual place of abode) 55

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND (or) WIFE of George C. Carter

6. DATE OF BIRTH (month, day, year) April 14 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME of Father Michael Fallon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME of Mother Annie Kelley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Herbert Autz (Aunt)

(Address) 427 West 23rd Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 3/19/35

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 9:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemorrhage due to	
Ruptured Aneurysm	
	about

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. P. Hergrogmd M. D.

Coroner

(Address) 1305 N Pulliam Park Ave

M. D. R. 1909-9 F 10737 F 10737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 W. Biddle St. 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mildred Lewis

(a) Residence: No. 424 W. Biddle St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) Feb 28

11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Va

13. NAME Mildred Lewis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mildred Lewis

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Minnie Bradford

(Address) 424 W. Biddle St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date March 18th 1935

UNDERTAKER Archibald H. Gaddis

(Address) 2101 N. Carey St.

FILED Mar 18 1935 Registrar.

935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1935 to Mar 15 1935

I last saw her alive on Mar 14 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
7 Days	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Smith M. D.

(Address)

D. B. 1266-9 F 10738 Decuette F 10738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Hull St. St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Anna Decuette

(a) Residence: No. 1232 Hull, St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Decuette

6. DATE OF BIRTH (month, day, year) Oct 14 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Matthew Reardon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Ethrinne McGuire

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Ethrinne Franklin Sister
(Address) 1232 Hull St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 20 1935

19. UNDERTAKER Chas. J. Stevens
(Address) 131 E Fort Ave

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1935

22. I HEREBY CERTIFY, That I attended deceased from January 16 1935 to March 16 1935
I last saw h[er] alive on March 16 1935 Death is said to have occurred on the date stated above, at 5.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	not known
Myocarditis -	
Cardiac Decompensation	Dec 1934
Uremia	March 14

Other contributory causes of importance:

Name of operation none Date of

What tests confirmed diagnosis Physical & Laboratory Was there an autopsy? examination No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Howard Norris M. D.
(Address) 107 East west st

D. B. 1268-9

10739

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10739

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 6 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Teagle

(a) Residence: No. 1521 Mulligan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/14/14.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21		29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Dorothy Handy.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bert.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date March 18. 1935

19. UNDERTAKER Edward Bryan
(Address) 634 Eden St

19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/17 . 1935 to 3/13 . 1935
I last saw h[illegible] alive on 3/13 . 1935 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (mo.?)
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz . M. D.
(Address) Balto City Hosp.

D. B. 1268-9

F 10740

29664

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10740

CERTIFICATE OF DEATH

x 137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E Hudson

(a) Residence: No. Dagsboro St., Ward. Delaware

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-19-52

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del.

13. NAME Clayton Hudson

14. BIRTHPLACE (city or town) (State or country) Del

15. MAIDEN NAME Nancy Lynch

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Millsboro Del Date Mar 19 1935

19. UNDERTAKER George Johnson

(Address) 201 Frederick Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935 to March 18, 1935

I last saw him alive on March 18, 1935 Death is said to have occurred on the date stated above, at 2.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	?
Uraemia	?
Pyelonephritis, acute	3/15/35
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lemuel Alexander Gray, M. D.

(Address) Johns Hopkins Hospital

D. P. 1268-9

F 10741

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10741

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 E. Chase St., 7 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Anna M. Stust

(a) Residence: No. 1511 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wife of John P. Stust.

6. DATE OF BIRTH (month, day, year): Not Kn

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None of late

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Leonard Stust.

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Barbara Miller

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs Leonard J. Stust.

(Address) 1511 E. Chase St

BURIAL, CREMATION, OR REMOVAL

Place: Western Cemetery Date: March 19 19 35

UNDERTAKER: Henry Koch & Sons Inc

(Address) 1301 E Lagus St or Fairfield

Filed 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17 1935

22. I HEREBY CERTIFY, That I attended deceased from Febr 18 1935 to March 17 1935

I last saw h Er alive on March 16 1935. Death is said to have occurred on the date stated above, at 4.40 m.

The principal cause of death and related causes of importance were as follows:

Infirmities of Age — Date of onset

Other contributory causes of importance:

Cardiac insufficiency

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ladislas A. Klegar M. D.

(Address) 1031 N. Caroline St.

D. B. 1268-9

F 10742

10742 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 East 37th St., 9 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank T Scarborough

(a) Residence: No. 702 East 37th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Nov 7, 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	4	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

8. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frank Scarborough

14. BIRTHPLACE (city or town) (State or country) Delta Pa.

15. MAIDEN NAME Mary E Macomber

16. BIRTHPLACE (city or town) (State or country) Delta Pa

INFORMANT Frank Scarborough

(Address) 702 East 37 St

BURIAL, CREMATION, OR REMOVAL

Place State Ridge Md Date Mar 19 1935

UNDERTAKER Hubert P Parkins

(Address) Delta Pa

FILED 1935 Mar 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17- 1935

22. I HEREBY CERTIFY, That I attended deceased from February 17 1935 to March 17 1935

I last saw h[illegible] alive on March 16, 1935 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3-25 (Signed) Emil Klein M. D.

(Address) 1331 E. North Ave

D. H. 1268-9 F 10743 F 10743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 W. Lexington St. St., 70 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William B. Keller

(a) Residence: No. 1900 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Thatcher

DATE OF BIRTH (month, day, year) July 18.1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miller by trade

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 5 yrs.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

13. NAME Jacob Keller

14. BIRTHPLACE (city or town) (State or country) Fred. Co. Md.

15. MAIDEN NAME Ann E. Watkins

16. BIRTHPLACE (city or town) (State or country) Fred. Co. Md.

INFORMANT Emma T. Keller

(Address) 1900 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Central Cemy. Date March 19 1935

Frederick Co. Md.

UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1934 to March 16 1935

I last saw him alive on March 16 1935 Death is said to have occurred on the date stated above, at 4 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1932
Chronic Interstitial Nephritis	1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. W. Billups M. D.

(Address) 2224 W. North Ave.

F 10744

F 10744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Carlisle Avenue St., 15 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Howard Rigdon

(a) Residence: No. 3211 Carlisle Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of ~~WIFE~~ Evaline H. Rigdon

6. DATE OF BIRTH (month, day, year) March 31st 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	14 12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired-Secretary

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Life Ins Co.

9. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 20

10. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

12. NAME Franklin Rigdon

13. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

14. MAIDEN NAME Priscilla Harkins

15. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

16. INFORMANT Mrs E. H. Rigdon

(Address) 3211 Carlisle Ave.,

17. BURIAL, CREMATION, OR REMOVAL

Place Harford Co., Md., Date Mar 18th, 35

18. UNDERTAKER Wm. J. Tyson & Son

(Address) Mott & Paca

19. FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 15 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 . 1934 to Mar 5 . 1935

I last saw him alive on Mar 13 . 1935. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-5-35

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Howard F. Garner M. D.

(Address) 2604 Garrison Blvd

D. B. 1268-9

F 10745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2630 N. Charles St., 12 Ward)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen D. Baldwin

(a) Residence: No. 2630 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of E. Francis Baldwin

6. DATE OF BIRTH (month, day, year) Nov. 11, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ---------- Maryland

13. NAME OF FATHER William D. Jamison

14. BIRTHPLACE (city or town) (State or country) Not obtainable " "

15. MAIDEN NAME OF MOTHER Eleanor Croxall

16. BIRTHPLACE (city or town) (State or country) Not obtainable " "

17. INFORMANT Miss Mary E. Baldwin

(Address) 2630 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 3/19 '35

19. UNDERTAKER Keyser Bros & Co

(Address) 8 [illegible]

FILED 3-19-35, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 1930 to March 16, 1935

I last saw her alive on March 16, 1935 Death is said to have occurred on the date stated above, at 8.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930 ca
Other contributory causes of importance:	
Cardiac decompensation	March 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If not, specify .....

(Signed) George McSherry, M. D.

(Address) 2435 Maryland Ave.

F 10746

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10746

CERTIFICATE OF DEATH

16-2 11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Chesterfield Ave. St., 16-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Catherine Asher

(a) Residence: No. 3117 Chesterfield Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of William E. Asher

DATE OF BIRTH (month, day, year) May 25th, 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME John Rathell

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

15. MAIDEN NAME Sarah W. Claypoole

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

INFORMANT Mr. William E. Asher.
(Address) 3117 Chesterfield Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Mar. 18, 1935

UNDERTAKER Frederick Sasscer & Son
(Address) 7401 Belair Road

FILED 1935 H. H. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1935 to March 16, 1935
I last saw her alive on March 16, 1935 Death is said to have occurred on the date stated above, at 1:30 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	March 8
Broncho Pneumonia	March 10
Other contributory causes of importance:	
Myocardial failure	March 16

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Ernest Boone, M. D.

(Address) 806 N. Fulton Ave

D. P. 1268-9

F 10747

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10747

CERTIFICATE OF DEATH

XV 46-F

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs Emma Hale

(a) Residence: No. Cockeysville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elijah Hale

6. DATE OF BIRTH (month, day, year) Oct 11, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
64	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

13. NAME OF FATHER Henry Cashe

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME OF MOTHER Bowen

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mr. Elijah Hale (Address) Cockeysville, Md

18. BURIAL, CREMATION, OR REMOVAL Place Prospect Hill - Towson Date Mar 21, 1935

19. UNDERTAKER Wm. C. Brooks & Son (Address) Sparks, Md

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1935, to March 18, 1935. I last saw her alive on March 18, 1935. Death is said to have occurred on the date stated above, at 5:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas	
Bronchopneumonia (Terminal)	3/15/35

Other contributory causes of importance:

Name of operation Cholecystgastrostomy Date of 3/11/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hele 9 Magruire, M. D.

(Address) University Hospital

F 10748 ZWEIGEL F 10748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-N

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hosp. St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Rose Zweigel

(a) Residence: No. 2601 Forest Park Ave. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Wh	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Zweigel

DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Louis

13. BIRTHPLACE (city or town) (State or country) Russia

14. MAIDEN NAME Jennie Kahlenan

15. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT (Address) Paul Louis Bre 1439 E. Balto St

BURIAL, CREMATION, OR REMOVAL Levering Run Date 3/18 1935

UNDERTAKER Paul Louis Bre

(Address)

FILED 1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-35

22. I HEREBY CERTIFY, That I attended deceased from 3/16 1935 to 3/18 1935

I last saw her alive on 3/18 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Peritonitis	3/15/35
Pelvic Phlebitis	

Other contributory causes of importance:

Pregnancy

Name of operation Laparotomy Date of 3/16/35

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Bernard W. Pollock M. D.

(Address) Sinai Hosp

D. P. 1268-9 F 10749 F 10749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Levindale Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Henry Weinberg

(a) Residence: No. Belvedere & Greenspring Aves Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Junk Dealer 40 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Weinberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Edith

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sig Kimball Supt

(Address) Belvedere & Greenspring Aves.

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cemetery Date 3-18-35 19

UNDERTAKER Levi Levin Inc

(Address) 1439 E. Baltimore St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 1935

I HEREBY CERTIFY, That I attended deceased from 6-25 1933 to 3-17 1935

I last saw him alive on 3-17 1935 Death is said to have occurred on the date stated above, at 1.30 P. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Right Hemiplegia	1931

Other contributory causes of importance:

Chr. Bronchitis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

F 10750

B 1368-0 F 10750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Maryland General Hospital St., 7 Ward)

th of residence in city or town where death occurred ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Mary E. Burgess Wright

(a) Residence: No. 1550 St Mary's St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	col	married

married, widowed, or divorced HUSBAND of (or) WIFE of: Luther Wright

TE OF BIRTH (month, day, year): Sept. 18 92

E Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62	5	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country): Balto Md

NAME OF FATHER: Wm H Johnson

BIRTHPLACE (city or town) (State or country): Balto Md

MAIDEN NAME OF MOTHER: Virginia Brockenborough

BIRTHPLACE (city or town) (State or country)

FORMANT (Address): Sadie Smith (daughter) 550 St Mary's St

RIAL, CREMATION, OR REMOVAL: Laurel Cem Date 3/18 19 35

DERTAKER (Address): Bernard P. Hennessy 818 Druid Hill Ave

19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 14 19 35

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.40 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident — Date of ✓

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/14 1935

Where did injury occur? Biddle & McCulloh (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street Accident

Manner of injury: Struck by auto while walking in street.

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph Ekonomy M. D. Coroner

(Address) 200 E Madison St

F. D. B. 1246-9 F 10751

F 10751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 W. Lombard St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 37 yrs? ... mos. ... ds.

2. FULL NAME Timothy Haley (R. 728-211)

(a) Residence: No. 1240 W Lombard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabel Ellis Haley

DATE OF BIRTH (month, day, year) Oct 4-1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1925?

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Alva L. Haley

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME unknown Driggs

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Mabel E. Haley.

(Address) 1240 W Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date 3/17/35 19

UNDERTAKER Geo. F. Beyer Jr

(Address) 15 E Fayette St

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932 to March 16, 1935

I last saw h. alive on March 15, 1935. Death is said to have occurred on the date stated above, at 7:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	(?)
Other contributory causes of importance: Uremia	3/16/35
Chronic Emphysematous Bronchitis [?]	

Name of operation None Date of ...

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. W. Dugan M. D.

(Address) 1326 W. Lombard St

H. D. B. 1268-9

0752 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10752

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 N. Bruce St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Betty Peters

(a) Residence: No. 1522 N. Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas Peters

7. DATE OF BIRTH (month, day, year) 3-13-1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) March, 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Winston Pollard

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Priscilla Starks

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Thomas Peters

(Address) 1522 N. Bruce St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date 3/18 19 35

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

FILED 4-9 19 35

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1935 to March 15 1935

I last saw her alive on March 15 1935 Death is said to have occurred on the date stated above, at 10½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-15-35
Other contributory causes of importance: Cardio-Renal Vascular Disease	June 1934

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George E. Berger M. D.

(Address) 1816 N. Mount St

F. D. R. 12-40 B 10753 ✓ F 10753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3235 Fait Ave. St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John James

(a) Residence: No. 3235 Fait Ave. St., ... Ward. 4
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Elizabeth Stanger James

DATE OF BIRTH (month, day, year) Apr. 25 - 1878

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles James

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME — Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Elizabeth James

(Address) 3235 Fait Ave.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date 3/18 1935

UNDERTAKER John G. Connelly

(Address) Essex Md.

FILED ... 8 Mar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 14th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1934 to Mar 14 1935

I last saw h[im] alive on Mar 13 1935. Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Influenzal Encephalitis	1920
Bronchopneumonia	1935

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Grant J. Buckler M. D.

(Address) 3507 Fait Ave

D. P. B. No. 10754 ✓ F 10754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2518 Hudson st St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Rostkowski.

(a) Residence: No. 2518 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — —

DATE OF BIRTH (month, day, year) March 16 - 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Peter Rostkowski

14. BIRTHPLACE (city or town) Poland.
(State or country)

15. MAIDEN NAME Katherine Sierak.

16. BIRTHPLACE (city or town) Baltimore md.
(State or country)

INFORMANT Mr Peter Rostkowski
(Address) 2518 Hudson st.

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date March 18, 1935

UNDERTAKER George A. Weber.
(Address) 705 E Ann st.

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1935 to March 18, 1935

I last saw him alive on March 17, 1935 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis neonatorum	3-16

Other contributory causes of importance:

Prematurity

Name of operation ..... Date of .....

What test confirmed diagnosis? Death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. B. Grossbart, M. D.

(Address) 3037 Druid Pk

F 10755

F 10755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St., 27 Ward)

If of foreign birth? ....yrs. ....mos. ....ds. How long in U. S. ....yrs. ....mos. ....ds.

If death occurred in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME James B. Bauff

(a) Residence: No. 4206 Dillon Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose E Bauff

DATE OF BIRTH (month, day, year) June 25 1878

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	8	18 W	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookbinder

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2064

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Thomas Bauff

BIRTHPLACE (city or town) (State or country) Easton Md

MAIDEN NAME Ruth A Sparklin

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Rose E Bauff

(Address) 4206 Dillon Ave

BURIAL, CREMATION, OR REMOVAL Date 3/19 1935

Place Balto Cem

UNDERTAKER Jno Leinrock

(Address) 525 Lynhurst St. City

FILED ....., 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S J Sterzoy M D, M. D.

Coroner

(Address) 1305 N Patterson Park

D. B. 1268-9

F 10756 ✓ F 10756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 11 Ward)

Length of residence in city or town where death occurred ....yrs. 4 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

X

FULL NAME Morris Friend

(a) Residence: No. 924 Linden Ave St., ...Ward. Halethorpe Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halethprpe, Md.

13. NAME William Friend

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

15. MAIDEN NAME Ivy Gooden

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT William Friend

(Address) 924 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3-18-1935

19. UNDERTAKER Byron Thamis & Wright

(Address) 218 Mc Elderry St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17/35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10.30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	

Other contributory causes of importance:

Name of operation Spinal Puncture Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 508 E [illegible]

D. H. 269-3 F 10757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10757

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 Edythe St. 5-1 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Matthews

(a) Residence: No. 1211 Edythe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mutual Chemical Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Stephens S. C.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Lawrane ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Helen Brown

(Address) 1211 Edythe St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stephens S. C. Date 3-19- , 1935

19. UNDERTAKER Bryson & Mamie H. Knight

(Address) 1218 N. Elderry St

FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-11 , 1935 to 3-15 , 1935

I last saw h alive on 3-15 , 1935 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/10/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. S. Allen M. D.

(Address) 850 Pleasants St.

D. P. 1268-9

✓ F 10758

F 10758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Baltimore Gen. Hospital

CITY OF BALTIMORE: (No. ..... St. 15-9 Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis J. Wolfe (Francis J. Wolf)

(a) Residence: No. 3410 Baltimore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Aletha Wolf

6. DATE OF BIRTH (month, day, year) August 23, 1862 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7 6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner Newspaper mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper Work 1086

10. Date deceased last worked at this occupation (month and year) January 1935

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Germany Md.

13. NAME OF FATHER John Wolfe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Mary Barbara Cassell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis C. Wolfe (Son).

(Address) 3410 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 19, 1935

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St. Funeral Director

20. FILED ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1935 to March 17, 1935

I last saw him alive on March 17, 1935 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Gastric carcinoma — Date of Onset ?

Other contributory causes of importance:

Arteriosclerotic cardio-vascular disease

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wellington Dwyer, M. D.

(Address) South Baltimore Gen. Hosp.

D. B 1268-8

V F 10759

HEALTH DEPARTMENT—CITY OF BALTIMORE

10759

CERTIFICATE OF DEATH

45-D

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4117 Graham Court St., Curtis Bay Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George S. Dorsey

(a) Residence: No. 4117 Graham Court St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced WIFE of (or) HUSBAND of: Elizabeth Dorsey

DATE OF BIRTH (month, day, year): Sept 6 1871

AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
63	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman cd 2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S.A. Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: George Dorsey

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (city or town) (State or country): Don't Know

INFORMANT: Elizabeth Dorsey

(Address): 4117 Graham Court

BURIAL, CREMATION, OR REMOVAL

Place: David Ridge Cem. Date: 3/12 1935

UNDERTAKER: Margaret L. Flynn

(Address): 1424 Light

FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to March 16 1935

I last saw h... alive on March 15 1935. Death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caries - Sarcoma of Mandible	6 months
Other contributory causes of importance:	
Cachexia	-

Name of operation..... Date of.....

What test confirmed diagnosis? Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.....

(Signed) Laurence B. Lewis M. D.

(Address) 1009 Annapolis Blvd

Co. 5-31 250B

F 10760

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10760

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2908 Presbury St. St. 15 Ward)

gth of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma K. Hyson.

(a) Residence: No. 2908 Presbury St. St., Ward. Middletown Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Hyson.

ATE OF BIRTH (month, day, year) Nov. 8-1863.

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	8 9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. At home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

13. NAME John B. Carrill.

14. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

15. MAIDEN NAME Katherine Mullen.

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

NFORMANT Mrs. Nettie Legler.
(Address) 2908 Presbury St.

BURIAL, CREMATION, OR REMOVAL
Place Middletown-Md. Date March 19 1935.

NDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

LED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 13th, 1935, to Mar 17th, 1935

I last saw h.e alive on Mar 17th 1935, death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Arteriosclerosis	
Uraemia	
	abt
Other contributory causes of importance:	
Senility	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Ryerly, M. D.

(Address) 3045 W. North Ave.

D. B. 1268-9

10761 ✓ F 10761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Holland.

(a) Residence: No. 853 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/5/1884.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	/	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master plumber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 59

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Bu'r'l.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date March 17. 1935

UNDERTAKER Martin Fisher's Sons
(Address) 1823 W. North Ave.

FILED Hunting for Will. Registrar
1935
RFN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16. 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/7. 1935 to 3/16. 1935

I last saw him alive on 3/16 1935 Death is said to have occurred on the date stated above, at 3 29 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	(?) 1933
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Tobias Weinberg, M. D.

(Address) Balto. City Hosp.

D. P. 1268-9 F 10762 ✓ F 10762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Thumma Jr

(a) Residence: No. Edgemere St., Sparrows Point Ward. Md X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-14-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Benjamin Thumma

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Anne Lefok

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St Paul 5th Reformed Church Cem Mar 20 35

19. UNDERTAKER Tobin & Denny

(Address) 715 Light St

19. FILED 19 Registrar

MAR 18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 28. 1935. to March 16. 1935

I last saw him alive on March 16. 1935 Death is said to have occurred on the date stated above, at Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Pneumococcus	1 wk.
Empyema	?

Other contributory causes of importance:

Name of operation Thoracotomy Date of 3-1-35

What test confirmed diagnosis? Smears Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Grimes M. D.

(Address) J.H. Hospital

D. B. 1268-9

10763

✓ F 10763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-a Registered No.

PLACE OF DEATH Maryland Gen Hosp Balto. md

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 1512 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. 3 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Baby Girl Bankhell

(a) Residence: No. 2812 Weywoath Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 3/14/35

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3 days	

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

4. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

5. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto, Md

2. NAME Mrs Louis V Bankhell

4. BIRTHPLACE (city or town) (State or country) Baltimore

5. MAIDEN NAME Alma Stockdale

6. BIRTHPLACE (city or town) (State or country) Balto. Md

NFORMAN Mrs Louis V Bankhell
(Address) 1315 Hanover st

RIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 18, 1935

NDERTAKER John F Denny
(Address) 715 Light st

ILED 1635 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/14/35, 19..., to 3/16, 1935

I last saw her alive on 3/16, 1935 Death is said to have occurred on the date stated above, at 8:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/15/35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. E. Proctor M D, M. D.

(Address) Md Gen Hospital

D. P. 1268-9

✓ F 10764

0764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mozel Haskins.

(a) Residence: No. 119 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0089

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Henry Carlson
(Address) Have address.

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff. Med. School Date March . 1935

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

1935 1151

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/21 . 1935 to 3/7 . 1935.

I last saw h.e alive on 3/7 . 1935 Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/21

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter . M. D.

(Address) Balto. City Hosp.

D. P. 1268-9

✓ F 10765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7865

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., No Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Darr.

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE: Years 51; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

13. NAME: Nancy ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME: Susan ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wm. Lehrd Date Mar 8 1935

19. UNDERTAKER
(Address)

20. FILED 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/6 1935 to 3/12 1935

I last saw him alive on 3/12 1935 Death is said to have occurred on the date stated above, at 6.10 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2 days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Robert A. Bate M. D.

(Address) Balto City Hosp

D. B. 1268-9

F 10766

10766 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Catons + Wilkens Ave. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Schulz

(a) Residence: No. 831 S. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of August H. Schulz.

6. DATE OF BIRTH (month, day, year) Dec. 8. 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	28	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME William Lehmacher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Blumberg

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT August H. Schulz
(Address) 831 S Mount St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 3/20/35

UNDERTAKER Harry H. Weitzel
(Address)

FILED , 19 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 . 1935 to March 16 . 1935.
I last saw her alive on March 16. 1935. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1934
Diabetic Gangrene left foot	1934
Coronary Occlusion	3-16-35

Other contributory causes of importance:

Name of operation Debridement Date of 1-16-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Carl G Barbee M. D.

(Address) St Agnes Hosp

D. F. 1268-9

✓ F 10767

HEALTH DEPARTMENT—CITY OF BALTIMORE

1767

CERTIFICATE OF DEATH

X 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1200 Valley St.

CITY OF BALTIMORE: (No. 1200 Valley St. 10 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles H. Gilbert

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward. Berea Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 17 December 1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	2	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Maryland

12. NAME OF FATHER Charles Gilbert

13. BIRTHPLACE (city or town) (State or country) Md.

14. MAIDEN NAME OF MOTHER Rose Ann Keys

15. BIRTHPLACE (city or town) (State or country) Md.

16. INFORMANT Sister Stanislaus, Superior (Address) Little Sisters of the Poor.

17. BURIAL, CREMATION, OR REMOVAL St. Stephens Date 3/19/35

18. UNDERTAKER Thompkins & Groos (Address) Baltimore Md.

19. Filed 19 Hinton Williams Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 16 March 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1935 to March 16 1935

I last saw h[illegible] alive on March 15 1935 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abs Endocarditis	3
Other contributory causes of importance: Arteriosclerosis	3

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarthy, M. D.

(Address) 1114 Harford Ave

D. P. 1268-9

✓ F 10768

3768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Belloua Ave. St., 11 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Howard White

(a) Residence: No. 917 St Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

If ~~married~~, widowed, or ~~divorced~~, HUSBAND of ~~(or WIFE of)~~ Late Carolina V. White

6. DATE OF BIRTH (month, day, year) Oct 8 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from real estate business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Relay-Howard Co Md

13. NAME Charles R. White

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Rebecca A. Waters

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT G. Howard White Jr. (Address) 917 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Cem. Date 3-19 1935

19. UNDERTAKER Wm Hearing Sons (Address) Cathedral & Mt. Royal Ave

20. FILED 1935 Registrar for Wm. Keating, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1935 to March 17, 1935

I last saw h.~~im~~ alive on March 17, 1935 Death is said to have occurred on the date stated above, at 2.20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis.	
Chronic Myocarditis	2 yrs
Other contributory causes of importance:	
Acute Myocardeal failure	3 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. Wellington Stewart, M. D.

(Address) 1738 E. 28th St.

M. D. B. 1268-0

E 10769

0769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. If in 3423 Va. ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harona T. Stevens

(a) Residence: No. 3423 Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry H. Stevens

DATE OF BIRTH (month, day, year) June 9, 864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poolesville, Md.

13. NAME George Stevens

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Snyder

16. BIRTHPLACE (city or town) (State or country) Md. Montgomery Co.

INFORMANT Mrs. E. J. McGuiren

(Address) 3423 Va. ave.

BURIAL, CREMATION, OR REMOVAL Westview Park Cem. Potomac Md.

Place Date 3/19/35 19

UNDERTAKER Wm. Lemmon

(Address) 26 N. Fulton Ave.

FILED Hunter's Lane, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to March 17, 1935

I last saw her alive on March 17, 1935. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3/1/33
Heart block	3/17/35

Other contributory causes of importance:

Indigestion (acute)	3/17/35

Name of operation None Date of No

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall M. D.

(Address) 4531 Pinkerton Rd

D. P. 1268-9

✓ F 10770

10770 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 E. Chase St. St., 10 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN A. CASEY

(a) Residence: No. 716 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret E. Casey

6. DATE OF BIRTH (month, day, year) December 2nd, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Police Lieut.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Jeremiah Casey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Mary Coblon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. NAME OF INFORMANT Margaret E. Casey
(Address) 716 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date March 20th, 35

19. UNDERTAKER Chas. P. Crane & Son
(Address) 118 W. Mt. Royal Ave.

20. (Date) March 18th, 1935 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1935 to Mar 17 1935

I last saw him alive on Mar 17 1935. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	
Bilateral Bronchopneumonia	3/8/35
Uremia	3/16/35

Other contributory causes of importance:
Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel J. Steinau M. D.

(Address) 3224 Eastern Ave Balto Md.

D. B 1268-9

0771 F 10771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St. Agnes Hospital

TY OF BALTIMORE: (No. Caton + Wilkins Ave 4 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mr. Charles Hoffman Jr

(a) Residence: No. 1829 Eagle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) April 20, 1881.

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	10 11	25 15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Brakeman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 17?

IRTHPLACE (city or town) (State or country) Baltimore Maryland

9. NAME Chas A Hoffman

10. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Angeline Salm

16. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Angeline Hoffman

(Address) 1829 Eagle St

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/9/35 19

NDERTAKER B. C. Haile & Sons

(Address) 1000 E. Pratt St

Interment for Williams, N.C.

935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1935, to 3-10, 1935

I last saw him alive on 3-10-35, 19 ... Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pancreatic Cyst	1934

Other contributory causes of importance:

Secondary Hemorrhage	3-11-35

Name of operation Drainage of Cyst Date of 3-8-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy, M. D.

(Address) St Agnes Hospital

F 10772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10772

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 701 Homestead St., 9 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Arnold

(a) Residence: No. 701 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Hamilton Arnold

6. DATE OF BIRTH (month, day, year) Aug 30th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) Anne Arundel Co
(State or country) Md.

13. NAME John Henry Stallings

14. BIRTHPLACE (city or town) A. A. Co
(State or country) Md.

15. MAIDEN NAME Matilda Lark

16. BIRTHPLACE (city or town) A. A. Co.
(State or country) Md

17. INFORMANT E. Alvesta Arnold

(Address) 701 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 19th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Mar 20 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 28th 1935 to March 17th 1935

I last saw her alive on Mar. 16th 1935 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	2 mo.

Other contributory causes of importance:

Name of operation — Date of

Was there an autopsy? No

Was there a Coroner's Inquest?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Gotwals M. D.

(Address) 401 E 25th St

F 10773

F 10773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4218 Harford Terrace St., ... Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Albert Stuart

(a) Residence: No. 4218 Harford Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca C Stuart

6. DATE OF BIRTH (month, day, year) July 20 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	94	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High Sheriff 8 yrs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canadian Govt
10. Date deceased last worked at this occupation (month and year) 1931 | 11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) New Brunswick Canada

13. NAME OF FATHER James Stuart

14. BIRTHPLACE (city or town) (State or country) St Johns New Brunswick Can

15. MAIDEN NAME OF MOTHER Amy Golding

16. BIRTHPLACE (city or town) (State or country) St Johns New Brunswick Can

17. INFORMANT Nellie M S Stuart
(Address) 716 E Fort St

18. BURIAL, CREMATION, OR REMOVAL Greenmount
Place St George's Md Can 3/21 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E Fort St

20. FILED 19 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2 1931 to March 18 1935

I last saw him alive on March 18 1931 Death is said to have occurred on the date stated above, at 5 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset (about)
Cardiac Syncope following impaired digestion Hysterical Sensibility	4 years
Other contributory causes of importance: Chronic Nephritis	10 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Edmondson Ave.

F 10774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10774

178-a

Registered No. .....

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 216 W Read St., 11 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Thos H. Wesp.

(a) Residence: No. 216 W Read St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed or divorced WIFE of (or) HUSBAND of Phyllis West

DATE OF BIRTH (month, day, year) 1882 Feb 15

AGE 53 | Years 53 | Months 11 | Days 0 | If LESS than 1 day, ... hrs. ..... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt House 007

Date deceased last worked at this occupation (month and year) Until Dead

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER Thos H. West

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Sarah James

BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Phyllis West

(Address) 216 W Read

BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Cemetery Date March 19, 1935

UNDERTAKER Archibald L. Gaddis

(Address) 2101 W Baltimore St.

FILED MAR 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident, struck by Automobile & Electrocuted by	
Other contributory causes of importance: Lungs congested with blood	

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 15 1935

Where did injury occur? 216 W Read (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury Asphyxiated by Gas

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. E. Lamb M. D. Coroner

(Address)

D. P. 1940 F 10775 Taylor F 10775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Taylor

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 13 Feb. 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
90	11	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 90 Y

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Herman Taylor

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Mary Theckler

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Sup.
(Address) 1200 - Valley St. Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Mar 20, 1935

19. UNDERTAKER Bela Wiedefeld
(Address) 914 Greenmount Ave

20. FILED 1935 Hunter for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 18 March, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mary 31 to March 18, 19 35
I last saw h alive on March 17, 1935. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

Other contributory causes of importance:
Arter. Sclerosis
Myocardiosis
Infirmities of Old.

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) L. M. Cashen, M. D.

(Address) 1114 Harlem Ave

D. P. 1263 E 10776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10776

CERTIFICATE OF DEATH

347-200a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 14 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Cole.

(a) Residence: No. 1403 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie Cole.

DATE OF BIRTH (month, day, year) 6/20/97.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37.	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery Co?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Wm.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sally Bett.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records Bett.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Matthews Co. Va. Date 3/20/ , 1935

19. UNDERTAKER Frances A. Hemsley
(Address) 5716 W. Biddle St.

20. FILED , 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/16 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/14 , 1935 to 3/16 , 1935

I last saw him alive on 3/16 , 1935 Death is said to have occurred on the date stated above, at 1930 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertyrepa, Etiology undetermined	?
Other contributory causes of importance:	Unk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Reitz , M. D.

(Address) Balto. City Hosp.

D. B. F. 10777

F 10777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Virgie Jones

(a) Residence: No. 1512 McElderry St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William Jones

DATE OF BIRTH (Month, day, year) Sept. 17. 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm Dompson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Frances Smith

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bethlehem Date 3/19/35

19. UNDERTAKER Robert E. Young
(Address) 804 N. Caroline St

20. FILED 5 16 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 15. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 8. 1934 to Mar. 15. 1935

I last saw h[illegible] alive on Mar 15. 1935 Death is said to have occurred on the date stated above, at 10 30 P. m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Carcinoma of breast	unknown

Other contributory causes of [illegible]

Metastasis

Name of operation ——— Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 10778

Delores M Salvador

F 10778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (a) No. 1724 Madison Ave (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Delores M. Salvador

(a) Residence: No. 1724 Madison Ave, Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

... married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year): Sept 13 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore

NAME OF FATHER: Victor Salvador

BIRTHPLACE (city or town) (State or country): Philippine Islands

MAIDEN NAME OF MOTHER: Elise Talbert

BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Elise Salvador

(Address) 1724 Madison Ave

BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cemetery Date 3/19 35

UNDERTAKER: Thomas E. Kelson

(Address) 1303 Presstman St

FILED ... 19 ... Registrar.

D 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... Death is said

I last saw h... alive on ... 19 ... at ... m.

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 4 days

	Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of

Was there an autopsy? No

What test confirmed diagnosis?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner ... M. D.

(Address)

F 10779

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10779

CERTIFICATE OF DEATH

82-W

PLACE OF DEATH

Registered No.

Y OF BALTIMORE: (No. 503 N Lakewood Ave Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George H Kranz.

(a) Residence: No. 503 N Lakewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Mollie Haase Kranz.

TE OF BIRTH (month, day, year) Oct 10. 1877

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. confectionery

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) (State or country) Baltimore

NAME OF FATHER F. William Kranz

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Elizabeth Kestler

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Mollie Kranz

(Address) 503 N Lakewood Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date March 20 1935

UNDERTAKER John Ulrich

(Address) 2208 Eutaw St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1934 to Mar 17, 1935

I last saw h alive on Mar 16 1935 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2/Mar.
Other contributory causes of importance:	
Cerebral sclerosis	3 1/2 yrs. ago.
Stricture	

Name of operation — Date of —

What test confirmed diagnosis? Xray Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L H Mayo M. D.

(Address) 15 W C. St

F 10780

D. B. 1268-9

F 10780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 Overland Ave. 9 Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Conrad Poehlman

(a) Residence: No. 2922 Overland ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lina Poehlman

DATE OF BIRTH (month, day, year) Mar 12-1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	—	5	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butter Merchant

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy

11. Date deceased last worked at this occupation (month and year)

11a. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Conrad Poehlman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lina Poehlman

(Address) 2922 Overland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date March 20 1935

19. UNDERTAKER John Ulrich

(Address) 226 E Preston St

20. FILED April 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1. 1934 to March 17. 1935

I last saw him alive on March 9 1935 Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-14-35

Other contributory causes of importance: Carcinoma | 10-34

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Hearn M. D.

(Address) 900 Cathedral St

D. B. 1268

F 10781

F 10781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1102 N Montford St., 8 Ward)

ngth of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Margaret Steinert

(a) Residence: No. 1102 N Montford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Steinert

DATE OF BIRTH (month, day, year) Feb 9, 1859

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	76	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME David C. Crow

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Susanna Fecher

16. BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Mrs Anna M. Fang

(Address) Middle River Md Daughter

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date March 21, 1935

UNDERTAKER John Ulrich

(Address) 1221 E Oliver St

FILED 5 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1935, to March 17, 1935

I last saw h alive on March 9, 1935. Death is said to have occurred on the date stated above, at 11:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 d
Uraemia Coma	2 d
Mitral Regurgitation Rheum	12 y

Other contributory causes of importance:

Chronic Interstitial Nephritis	12 y

Name of operation No Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. A. Shorb M. D.

(Address) 2228 Harford Rd

D. B. 1268-9

F 10782

F 10782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 16 Ward)

Length of residence in city or town where death occurred? ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John M. Taylor

(a) Residence: No. 1100 N Vincent St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Eula Taylor

DATE OF BIRTH (month, day, year) May 18 1896.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	38	9	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

NAME James Taylor

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME S. Carter

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Wife Reeada.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place National cemetery Date March 19 1935

UNDERTAKER Thomas E. Nelson

(Address) 353 Presstman St

FILED 5 40 Mar 20 1935 Wills Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.25A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Herzog M.D. Coroner

(Address) 1305 N Patterson Park Ave

D. B. 1268-9

10783 HEALTH DEPARTMENT—CITY OF BALTIMORE 10783

CERTIFICATE OF DEATH

. PLACE OF DEATH Baltimore City Hospitals 62 Registered No.

TY OF BALTIMORE: (No. ..... St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frederick Gibson

(a) Residence: No. 878 Hekin St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) 1901

GE	Years	Months	Days	If LESS than 1 day.....hrs. or min.
	34			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dock

. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore (State or country)

3. NAME Jack Gibson

4. BIRTHPLACE (city or town) Maryland (State or country)

5. MAIDEN NAME Laura Thaxton

6. BIRTHPLACE (city or town) Maryland (State or country)

NFORMANT Hospital Records (Address)

URIAL, CREMATION, OR REMOVAL

Pla Laurel Hill Date 3/14 35

NDERTAKER J. J. Feeley Son (Address) 1318 Eight St

ILED ..... 19..... Registrar.

5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1935 to March 12 1935

I last saw him alive on March 5, 1935 Death is said to have occurred on the date stated above, at 6:54 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	?
	?

Other contributory causes of importance: Bronchopneumonia 3/10/35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel W. Gerry, M. D.

(Address) Baltimore City Hospitals

D. P. 1268-9

10784 HEALTH DEPARTMENT—CITY OF BALTIMORE 10784

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. No Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Mc Gowan.

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Single

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/25/55.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79.	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 10 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

13. NAME John.

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Margaret Hennessey.

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dan'l Hyatt Date 3/19 '35

19. UNDERTAKER J. J. Fahey Sons
(Address) 1315 Light St

20. FILED 3/19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/27 1934 to 3/12 1935

I last saw him alive on 3/12 1935. Death is said to have occurred on the date stated above, at 12 M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days.
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Roberta Reite M. D.

(Address) Balto. City Hosp.

D.H. 126-30 F 10785

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10785

CERTIFICATE OF DEATH

72-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Parkside Street Ward) 8

Length of residence in city or town where death occurred 31 yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank A. Schell Jr.

(a) Residence: No. 3010 Parkside First St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Helen S. Schell

6. DATE OF BIRTH (month, day, year) June 22nd 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J.H.U. Loan Office

10. Date deceased last worked at this occupation (month and year) 2 1934

11. Total time (years) spent in this occupation 0009

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frank A. Schell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Hermione E. Lilly

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Frank A. Schell

(Address) 3010 Parkside First

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Mar 17th 1935

19. UNDERTAKER J. S. Wright & Son

(Address) 501 Eutaw Place

20. FILED Mar 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16th 35, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1934 to Mar. 16, 1935

I last saw him alive on Mar. 16 3.45 35 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins disease	Jan 1934
Other contributory causes of importance:	
secondary anaemia	1934

Name of operation none Date of .....

What test confirmed diagnosis? usual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George A. Kupp M. D.

(Address) 3030 Edmondson Ave.

D. B. 1268-0

F 10786

10786 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Hood.

(a) Residence: No. 3633 Malden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Hood.

6. DATE OF BIRTH (month, day, year) Nov 24, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett-Hayward

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Charles Hood

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Fannie Hoff

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Lawrence Hood.

(Address) 3633 Malden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Cemetery Date Mar 20, 1935

19. UNDERTAKER Thos. W. Dyer

(Address) 3615-17 Eastern Ave

20. FILED Mar 19, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h alive on Inquiry, 19 .. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 17 1935
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation ..... Date of ..

What test confirmed diagnosis? Inquiry there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. L. Wahlgreen M. D.
Coroner

(Address) 16 East Broadway

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10787 — 7 10787

CERTIFICATE OF DEATH

✓ 121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 13 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Baggett

(a) Residence: No. 3614 Elm Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 28, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER John H. Baggett

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Clara Whalen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John H. Baggett
(Address) 3614 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Hospital Date Mar 19, 1935

19. UNDERTAKER Chesnutt Bros
(Address) 2615-17 Edmondson Ave.

20. FILED 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934, to March 17, 1935

I last saw her alive on March 17, 1935 death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal abscess	7-34
Sepsis	
Peri-nephritic abscess	11-34
Peritonitis	
Other contributory causes of importance:	
Lobar pneumonia	3-10-35
Chronic nephritis	7-7-34

Name of operation Incision & drainage Date of 12-13-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Elmer Mooney, M. D.
(Address) Franklin Sq Hosp

H. D. P. 1208-9

F 10788

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10788

CERTIFICATE OF DEATH

342-958

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 21 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roberta Murphy.

(a) Residence: No. 712 Mc Henry. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Murphy

DATE OF BIRTH (month, day, year) April 20, 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34 35	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kearnsville W Va.

13. NAME Thomas J. Fletcher

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Addie Spanier

16. BIRTHPLACE (city or town) (State or country) Dist. Columbia

INFORMANT Records Bur.
(Address)

BURIAL, CREMATION, OR REMOVAL

Mt. Olivet Cemetery Date Mar 21, 1935

UNDERTAKER [illegible]
(Address) [illegible]

FILED MAR 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1935 to 3/18, 1935

I last saw h[illegible] alive on 3/18, 1935 Death is said to have occurred on the date stated above, at 5 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	5 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

B. P. 250-9 F 10789

F 10789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 E. Biddle St., 8 Ward)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Pearce

(a) Residence: No. 1731 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George B. Pearce

7. DATE OF BIRTH (month, day, year) Aug 18 1862

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	26	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Theodore Baker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Tapee

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George B. Pearce

(Address) 1731 E. Biddle st

18. BURIAL, CREMATION, OR REMOVAL. Baltimore Cemetery Date March 19 1935

19. UNDERTAKER Chas. F. Black

(Address) 742 W. North Ave

20. FILED 1935 Burlington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1935, to March 16, 1935

I last saw h alive on March 16, 1935. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/8/35
Other contributory causes of importance: Acute Dilatation of Heart	3/16/35

Name of operation nil Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? nil

If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 16 312 North ave

D. P. 1368-9

F 10790

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10790

CERTIFICATE OF DEATH

1

1. PLACE OF DEATH West Baltimore General Hospital

Registered No.

CITY OF BALTIMORE: (No.) Payson & Lakeland St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Graham Boggs

(a) Residence: No. 3436 Auchentorly Terrace St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie Vetter Boggs

DATE OF BIRTH (month, day, year) Aug. 23 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Industry

10. Date deceased last worked at this occupation (month and year) Febry 1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Alexander Graham Boggs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Fanny Moss

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Elsie V Boggs Wife

(Address) 3436 Auchentorly Ter

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mch 1935

19. UNDERTAKER J. Wm Vidmer & Sons

(Address) North & Fremont

FILED 1935 Registrar.

5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-10-35 . 19 . to 3-16-35 . 19

I last saw him alive on 3-16-35 . 19 Death is said to have occurred on the date stated above, at 1 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	3-16-35

Other contributory causes of importance: Typhoid Fever

Name of operation none Date of

What test confirmed diagnosis? Widal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin . M. D.

(Address) W. B. & A

D. B. 1936 F 10791

F 10791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 1523 N. Bentalou St. 15 Ward)

ength of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Selma Schaefer

(a) Residence: No. 1523 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug-30-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	17.	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. artist Needles work

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Germany.

10. NAME John Schaefer

11. BIRTHPLACE (city or town) (State or country) Germany.

12. MAIDEN NAME Friederika Lasbeck

13. BIRTHPLACE (city or town) (State or country) Germany

14. INFORMANT Mr. Albert Schaefer.

(Address) 1523 N. Bentalou St.

15. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Mar 20. 1935

16. UNDERTAKER Joseph Eyler

(Address) 1607 W North Ave.

17. FILED 3-20-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 14. 1934 to March 17. 1935

I last saw her alive on March 17. 1935 Death is said to have occurred on the date stated above, at 6-50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage.	Dec. 14. 1934.
Exhaustion	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. R. Sellin M. D.

3/18/35 (Address) 2757 W. Lanvale

Lexington 1936

M. D. B. 12-30 F 10792

F 10792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 N. Highland Ave Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Demma

(a) Residence: No. 631 N. Highland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Cosa Demma

DATE OF BIRTH (month, day, year) Feb 22 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Vincent Demma

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Saveria Chiesia

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Samuel Demma

(Address) 619 Patapsco Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 20. 1935

UNDERTAKER Frank V. Pistone

(Address) 2[illegible] E Baltimore

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-16 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 . 1929. to Mar . 1935. I last saw h[illegible] alive on Mar 16 . 1935. Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1931
Mitral Regurgitation &	
Aortic Stenosis	1931

Other contributory causes of importance:

Intoxication	3-15-35

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Anthony L Decaleta . M. D.

(Address) 1058 N Broadway

M. D. B. 1[illegible] 10793 F 10793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 137 Albemarle St., 3 Ward)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L. Foppiano
(a) Residence: No. 237 Albemarle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced, HUSBAND of (or) WIFE of Rose Foppiano

DATE OF BIRTH (month, day, year) Dec 1, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Stephen Foppiano

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Petaliatta

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mrs Rose Foppiano
(Address) 237 Albemarle St.

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 20 1935

UNDERTAKER Frank V. Pipitone
(Address) 2[illegible] E Baltimore St

FILED [illegible] 5 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2nd 1934 to March 16th 1935
I last saw h[illegible] alive on March 16th 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Chronic myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) W. J. Tankin M. D.
(Address) 119 N. Milton Ave

M. D. B. 1268-9

Fiedler

F 10794

F 10794 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N. Rose St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine A Fiedler

(a) Residence: No. 132 N Rose St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Andrew W Fiedler

DATE OF BIRTH (month, day, year) Oct 28 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James L Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary L Culligan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Margaret Fields

(Address) 102 N Stricker St

BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date March 20, 1935

UNDERTAKER Grant & Pitcher

(Address) 2 E. Eager St

FILED 5 — 1935 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-15-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1935 to March 15, 1935

I last saw her alive on March 15, 1935 Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	2 yrs
Contributory Terminal Toxemia	10 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... (If so, specify)

(Signed) Edward Doorly M. D.

(Address) 113 N Washington St

D. B. 1268-9

F 10795

HEALTH DEPARTMENT—CITY OF BALTIMORE

10795

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1440 Woodall St. 12th Ward)

gth of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 35 yrs. ... mos. ... ds.

FULL NAME Carolina Drewitz Ritz

(a) Residence: No. 1440 Woodall St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Citado Ritz

ATE OF BIRTH (month, day, year) Dec 25 1875.

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	60	4	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) (State or country) Poland

NAME Michal Ritz

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Mr Citado Ritz

(Address) 1440 Woodall St

URIAL, CREMATION, OR REMOVAL

Place Cedron Mt. Date March 22 37

NDERTAKER Thos. F. Stevens

(Address) 1537 Fort Ave.

ILED 5 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1935 to March 18 1937

I last saw her alive on March 18 1935 Death is said to have occurred on the date stated above, at 10 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis with hypertension	1932

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Sidney H. Streett M. D.

(Address) 421 E. Fort Ave.

D. P 1268-9

10796 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10796

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 804 Cedarcroft Rd. Govans St. 27 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Schelle

(a) Residence: No. 804 Cedarcroft Rd. Govans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 23-1910

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.O.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Henry Schelle

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME May V. Starr

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Henry Schelle
(Address) 804 Cedarcroft Rd. Govans

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Mar. 20/35

UNDERTAKER [illegible]
(Address) [illegible]

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-35

22. I HEREBY CERTIFY, That I attended deceased from 3-1-35 to 3-17-35

I last saw him alive on 3-17-35 at 9:00 a. m.

to have occurred on the date stated above, at 9:00 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset about 17 yrs.

Other contributory causes of importance:

Acute Cardiac Dilatation — Date of onset 10 days

Name of operation — Date

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

0797 10797

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., ... Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Gross

(a) Residence: No. 5508 Belair Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Gross

DATE OF BIRTH (month, day, year) Jan 15 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Austria
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Austria
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mrs. Carl Bauer
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Morland Mem. Pk. Date March 21 1935

UNDERTAKER Ludw. Langhorst Son
(Address) 7401 Belair Rd.

FILED MAR 19 1935 19 ..... Registrar. Hattie Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1935, to March 19, 1935

I last saw h.. alive on March 19 1935 death is said to have occurred on the date stated above, at 12:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Acute cardiac failure	3-15-35
Other contributory causes of importance:	
Arterio-sclerosis	?

Name of operation None Date of .....
What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Ruer Mosser, M. D.
(Address) Franklin Sq Hosp.

D. P. 1268-9

10798 Winder HEALTH DEPARTMENT—CITY OF BALTIMORE E10798

CERTIFICATE OF DEATH

87-a Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 17 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Danny Winder.

(a) Residence: No. 805 Elder Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 2/21/?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72(?)		27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) East Shore, Md.

13. NAME Sid Winder (Winder)

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Candace Wilson.

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records Bur.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Mar. 20 19[illegible]

UNDERTAKER Wm. Geo. E. Holland
(Address) 165 N. Gilmor St.

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 3/18, 1935

I last saw her alive on 3/18, 1935. Death is said to have occurred on the date stated above, at 2 45 a. m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 wks.
Cerebral Hemorrhage	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert J. Reitz, M. D.

(Address) Balto City Hosp.

H. D. B. 1269-9

10799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. 10799

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 424 N. Caroline St., Ward)

Length of residence in city or town where death occurred 20 yrs. — mos. — How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Brooks.

(a) Residence: No. 424 N. Caroline St. Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed or divorced
~~HUSBAND~~ of
(or) WIFE of Charles Brooks

6. DATE OF BIRTH (month, day, year) Jan. 1, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Cambridge
(State or country) Md.

13. NAME Rushrod Pinkett

14. BIRTHPLACE (city or town) Dorchester County
(State or country) Md.

15. MAIDEN NAME Maria Chase

16. BIRTHPLACE (city or town) Dorchester County
(State or country) Md.

INFORMANT Edith Harris (Sister)
(Address) 424 N. Caroline St.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3/19 1935

UNDERTAKER Robert L. Young Sr.
(Address) 804 N. Caroline St.

FILED 3-19 1935 Huntington, W. Va. Removal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1935, to March 15, 1935

I last saw h alive on March 14, 1935. Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchis	March 8, 1935
Other contributory causes of importance: La Grippe accessory Cardiac	March 1, 1935

Name of operation no Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. L. Young M. D.

(Address) 424 N. Caroline St.

H. D. P. 1288-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

10800 — 207-M — F 10800

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Franklon Dean

(a) Residence: No. 931 N. Duncan St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) November 6/1926

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Andrews

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Dean

14. BIRTHPLACE (city or town) (State or country) Phila., Pa.

15. MAIDEN NAME Carrie Bashears

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT James Dean

(Address) 931 N. Duncan St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 19, 1935

UNDERTAKER Wendell Lipscomb

(Address) 1402 Eutaw Pl.

FILED MAR 19 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Compound Fracture of Skull	3/16/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/16/35, 19...

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Penna R.R. at Collington Ave

Manner of injury struck by passenger train

Nature of injury about 5 P.M. picking coal.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 516 E Fayette

D. B. 1268-40 F 10801

F 10801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 158 N East St., 5 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alberta Smith

(a) Residence: No. 158 N East St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 96

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cooking

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Alexander

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henrietta Woods

(Address) 533 Carswell

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 3-19- 1935

19. UNDERTAKER Byron & Mamie W. Wright

(Address) 1210 McCulloh St

20. FILED 5 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on January 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr
	ow
Other contributory causes of importance:	
Bronchial Pneumonia	4 ds

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James M Taylor M. D.
Coroner

(Address) 700 E Chase

F 10802

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10802

CERTIFICATE OF DEATH

X 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mary Land General Hospital St., 11 Ward)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? 0 yrs. 5 mos. 4 ds.

2. FULL NAME Mrs. Mahman - Champagne - Isaac

(a) Residence: Berkley Springs, W. Va. St., Ward. Berkley Springs W Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rev. Frank Isaac

DATE OF BIRTH (month, day, year) Sept. 27, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER William D. Champagne

14. BIRTHPLACE (city or town) (State or country) Brown County, Ohio

15. MAIDEN NAME OF MOTHER Elizabeth Burns

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Hospital Records

(Address) Rev. F. P. Isaac (husband) Berkley W Va.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date May 30, 1935

UNDERTAKER Stewart & Town Co

(Address) 1058 Monroe Ave.

FILED May 5, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1934 to March 18, 1935

I last saw her alive on Mar. 18, 1935. Death is said to have occurred on the date stated above, at 5-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular-renal disease with hypertension	1920
Cerebral Embolism	10-14-1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade Elliott Babcock, M. D.

(Address) Md. Gen. Hosp

D. R. 1268-0

F 10803

HEALTH DEPARTMENT—CITY OF BALTIMORE

0803

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Washington, 1 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M Engel

(a) Residence: No. 613 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Engel

6. DATE OF BIRTH (month, day, year) May 1 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME of Father Herman Kiel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Elizabeth Rosenstiel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Engel
(Address) 613 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Lasy Redeemer Date Mar. 20 . 19 36

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 W Mayd st.

20. FILED 1936 Attest: Wilhelmina Hartman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16 . 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. . 1935 to Mar. 16 . 1936

I last saw h alive on Mar 15 . 1936 Death is said to have occurred on the date stated above, at 7 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Mar 15
Myocardial degeneration	some years
arteriosclerosis	
Other contributory causes of importance:	
Hemiplegia	16 mos

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — . 19 ..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. T. Reis, M. D.

(Address) 24 E Mt Vernon Pl

D. P. 1268-9

F 10804

0804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St., (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Ann Jones

(a) Residence: No. 1101 Vine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 5-1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME Joseph Jones

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

14. MAIDEN NAME Annie Addison

15. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

16. INFORMANT Joseph Jones

(Address) 1101 Vine St.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 19 1935

18. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

19. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on Mar. 17, 19 Death is said to have occurred on the date stated above, at 1:20 a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Mar 16 1935

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jeff L. Volpe M. D.
Coroner

(Address) 16 Jones Falls Broadway

0 1934

D. B 1268-9

E 10805

0805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: 1005 Harlem St., 16 Ward)

gth of residence in city or ... where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Chas Rayne

(a) Residence: No. 1005 Harlem St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Va
(State or country)

. NAME Unknown

. BIRTHPLACE (city or town) Va
(State or country)

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) Va
(State or country)

FORMANT Mary Brogden
(Address) 1005 Harlem

URIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 20, 1935

NDERTAKER Mrs. Kate R. Williams
(Address) 322 N. Schroeder St.

LED Huntington Williams Reg. 1935
MAR 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
	3 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Clark Horner, M. D.
Coroner

(Address) ...

B. B 1268-0

F 10806

10806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 180

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1200 N. Fremont St., 18 (Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dorsey.

(a) Residence: No. 824 Lemon St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lucy Mason Dorsey

6. DATE OF BIRTH (month, day, year): Nov 2-1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Md Baltimore

12. NAME: Leo Dorsey.

13. BIRTHPLACE (city or town) (State or country): Va "

14. MAIDEN NAME: Katie Taylor

15. BIRTHPLACE (city or town) (State or country): Howard Co Md

16. INFORMANT: Lucy Mason Dorsey

(Address): 824 Lemon

17. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Mar 19, 1935

18. UNDERTAKER: Mrs. Katie F. Williams

(Address): 322 N. Schroeder St.

19. FILED: 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): Mar 14 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 ; saw h alive on , 19 . Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burns	
" "	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Mar 14 1935

Where did injury occur? 1200 N. Fremont. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Garage on Fire

Nature of injury 3rd degree burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Black, M. D. Coroner

(Address)

0807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

0807

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1006 Woodyear St. 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Erastus Matthews

(a) Residence: No. 1006 Woodyear Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 9 1933

7. AGE: Years 1 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Clarence Matthews

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Emma Dyer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Emma Matthews 1006 Woodyear

18. BURIAL, CREMATION, OR REMOVAL: Place Western Star Date Mar 25, 1935

19. UNDERTAKER (Address): Mrs Katie R. Williams 322 N Schroeder St.

20. FILED: Mar 25 1935 Huntington & Williams Agts.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 days
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

D. P. 1263-9

✓ F 10808

10808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-P

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eyzabelle Leedham.

(a) Residence: No. 605 W. Calvert. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry.

DATE OF BIRTH (month, day, year) 2/8/1867.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68.	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Nashua.

13. NAME OF FATHER Wm. Stevens

14. BIRTHPLACE (city or town) (State or country) Vermont.

15. MAIDEN NAME OF MOTHER Sarah Barnes

16. BIRTHPLACE (city or town) (State or country) N. Hampsh.

INFORMANT Records Bch.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place U. of Md. Med. School Date Mar 17. 1935

UNDERTAKER
(Address)

FILED 1935 (cremated)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/13. 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/6. 1925. to 3/13. 1935

I last saw her alive on 3/13. 1935 Death is said to have occurred on the date stated above, at 4.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 mo.
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reyte, M. D.

(Address) Balto City Hosp.

D. P. 1268-9 F 10809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. F 10809

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerome B. Gill

(a) Residence: No. 1217 N. Dushom St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George W Gill Md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Louise ? Germany

16. BIRTHPLACE (city or town) (State or country) Hospital Records

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 3/20 1935

19. UNDERTAKER Milton Schilling
(Address) 1122 E. Monument St

Date 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-1935

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to March 18 1935
Last saw ... alive on March 18 1935 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Death
Coronary - Sclerosis	3/18/35
Myocarditis	

Other contributory causes of importance: Hypertension - Nephritis 3/18/35

Name of operation None Date of ...

What test confirmed diagnosis? Biopsy Was an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel A. Levy M. D.

(Address) Balto City Hosp.

D. B. 1268-9

WEHN V

F 10810

10810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Percy Wehn

(a) Residence: No. 5725 Ridgedale Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Wehn

6. DATE OF BIRTH (month, day, year) Oct 5 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Louis Wehn

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME OF MOTHER Anna Shriver

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Anna E. Wehn

(Address) 5725 Ridgedale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date March 20- 1935

19. UNDERTAKER Horace G. Burgee

(Address) 3631 Falls Road

20. FILED 1935 Huntington Phillips Registrar.

R. P. K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18- 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1935 to March 18 1935

I last saw h.. alive on March 18 1935 Death is said to have occurred on the date stated above, at 1.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of liver (primary)	1934

Other contributory causes of importance:

arteriosclerosis	1926

Name of operation exploratory laparotomy Date of 2-21-35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James S. Hecht M. D.

(Address) Union Mem Hosp.

H. D. P. 1268-9

10811 ✓ E 10811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Roland Ave St., 13 Ward)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Phillyce

(a) Residence: No. 3709 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

If married, widowed or divorced HUSBAND of (or) WIFE of Late Lydia A. Phillyce

DATE OF BIRTH (month, day, year) Feb 24, 1842

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jesse L. Phillyce

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah A. Shipley

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Wm. L. Phillyce

(Address) 3709 Roland Ave

BURIAL, CREMATION, OR REMOVAL

Pat. St. Marys Hompden Mar 20, 1935

UNDERTAKER Chenoweth Co.

(Address) 36-38 Boulton Ave.

FILED 1935 Huntington Phillyce Mar 20

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1934 to Mar 18, 1935

I last saw him alive on Mar 18, 1935. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	Not Known

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Phillyce Jr. M. D.

(Address) 850 N. 36th St

M. D. B. 1268-0

E 10812

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10812

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Madison Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Tobias W. Hawkins

(a) Residence: No. 604 Madison Ave St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Annie C. Hawkins

6. DATE OF BIRTH (month, day, year) Apr. 1, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Hotel owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME William Hawkins

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Ellen Hawkins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie C. Hawkins (wife)

(Address) 604 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date 3-20- , 1935

19. UNDERTAKER John M. Johnson

(Address) 170 Huntington Ave

FILED 3-20- , 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15 , 1935 to 3-17 , 1935

I last saw h.. alive on 3-17 , 1935 Death is said to have occurred on the date stated above, at 4 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Tobias Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. K. Gonzales , M. D.

(Address) 11 E. Lanvale St.

H. D. B. 1268-9

✓ F 10813

10813 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1643 Aisquith Street St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia E. Kempf

(a) Residence: No. 1643 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 24, 1903.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Kempf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amelia A. Schmitt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT George Kempf

(Address) 1643 Aisquith Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Mar. 20, 1935

UNDERTAKER George J. Ruth Jr.

(Address) 130 Harford Ave. Washington Grove, Md.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1935, to March 17, 1935

that saw her alive on March 15, 1935. Death is said to have occurred on the date stated above, at 1.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pulmonary Tuberculosis	About a year ago?
Other contributory causes of importance Tuberculosis (Meningeal Tuberculosis)	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm P. Geraghty M. D.

(Address) 10 E. Biddle St

D. P. 1368-9

F 10814

10814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1517 Race St. 23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Daughter of Mr. & Mrs. V. D. DeHart

(a) Residence: No. 1517 Race St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 18, 1935

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Vernon D. DeHart

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Effie F. Mitchell

16. BIRTHPLACE (city or town) (State or country) Bedford Va

17. INFORMANT Mr. Vernon D. DeHart

(Address) 1517 Race St.

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date Mar 19 19 35

19. UNDERTAKER Huntington Williams

(Address)

FILED 1935

1196

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1935 to Mar. 18, 1935

I last saw her alive on Mar. 18, 1935 Death is said to have occurred on the date stated above, at 6:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
6 months	
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

3/18/35 (Signed) Robt. L. Campbell M. D.

(Address) 1644 Hanover St

D. B. 1268-9

Toscher

E 10815

0815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospts

CITY OF BALTIMORE: (No. Balto Md St., 7[illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nick Touches

(a) Residence: No. 2143 Hollins St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Touches

6. DATE OF BIRTH (month, day, year) 12-6-97

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 36	3	11	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Italy

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Unknown

16. INFORMANT Records City Hospts

(Address) Balto City Hospts

17. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 3/20/35

18. UNDERTAKER Jos. F. Foster

(Address) Fulton & Fayette

19. FILED ... 19 ... Registrar.

1835

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-35

22. I HEREBY CERTIFY, That I attended deceased from 3-6- 1935 to 3-17- 1935

I last saw him alive on 3-17 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	4 wk
Other contributory causes of importance: Hysteria Constitutional Psychopathic Inferiority	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Fillmore M. D.

(Address) Baltimore City Hospts

D. B. 1288-9

0816

E 10816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 310 W. Lanvale St., 7 Ward)

Length of residence in city or town where death occurred 57 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Senf

(a) Residence: No. 2427 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry B. Senf

DATE OF BIRTH (month, day, year) May 17, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

12. NAME William Meister

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT J. Luther Perkins
(Address) 2427 McElderry St.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar. 20, 1935

UNDERTAKER John F. Denny
(Address) 715 Light St

1935 Huntington Williams Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 26 1934 to March 17 1935

I last saw h alive on March 17 9.12 1935 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1928
Arteriosclerosis.	1928
Other contributory causes of importance:	
Pneumonia	3 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert F. Rullman, M. D.

(Address) 6 East Biddle St

F. D. B. 1289-9

E 10817

10817 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Homewood Apartments Charles & 31st St., 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Sarah Louise Ballard

(a) Residence: No. Charles & 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Edward Ballard

DATE OF BIRTH (month, day, year) Aug. 16, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	7	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Somerset County Maryland

13. NAME George T. McDorman

14. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

15. MAIDEN NAME Mary Miles

16. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

INFORMANT J. Edward Ballard
(Address) Charles & 31st Sts.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery 3/20 1935

UNDERTAKER Henry B. Myerberg and Son
(Address) 805 N. Howard St.

FILED Huntington Hill, Registrar.
1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18-1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1934, to March 18, 1935.
I last saw her alive on March 18, 1935. Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset March 7/35

Other contributory causes of importance
Embolism — Hemiplegia — March 8/35

Name of operation None. Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm. A. Fuhrbach, M. D.
(Address) 1212 Eager St

D. B. 1268-0

10818

V F 10818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital (Tuberculosis Hosp) Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Salahoski (Salachowski)

(a) Residence: No. 1109 S. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 17, 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Adolph Salahoski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Ophelia ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Edward Price (Bro. in Law)

(Address) 2040 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 21 1935

19. UNDERTAKER John J. Weber

(Address) 461 E. Chester St.

20. FILED 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1935 to March 18, 1935

I last saw him alive on March 18, 1935 Death is said to have occurred on the date stated above, at 9:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	Jan. 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hospitals.

F. D. B. 1268-0

F 10819

797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10819

107-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen F Simon (also Lee)

(a) Residence: No. 308 E Lafayette ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-6-34

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Clarence Simon

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Betty Westfall

16. BIRTHPLACE (city or town) (State or country) W Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 1935

UNDERTAKER John C. Mallen

(Address) 2455 E. Baltimore St

FILED 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1935, to March 19, 1935

I last saw h alive on March 19, 1935 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3-9-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harris D Schumacher, M. D.

(Address) Johns Hopkins Hospital

F 10820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Greenmount Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. ~~Henderoth~~ Wenderoth

(a) Residence: No. 2427 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. (Hoffman)

DATE OF BIRTH (month, day, year) May 23/1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Towson, Md.

13. NAME John Wenderoth

14. BIRTHPLACE (city or town) (State or country) Towson, Md.

15. MAIDEN NAME Annie Brady

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mary E. Wenderoth

(Address) 2427 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Mar 20 1935

UNDERTAKER May M. Wadlock

(Address) 361 E. 22nd St

FILED Mar 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated about at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably myocardial Insufficiency	

Other contributory causes of importance:

History of Chr myocarditis 2 wks ago.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Callan, M. D.
(Coroner)

(Address) 306 E. Monument

D. B. 12[illegible]9 F 10821 F 10821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 117-a

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. 33rd St. St., 12 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES J. McHUGH

(a) Residence: No. Tyrone, Pennsylvania St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 28, 1902.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad.
10. Date deceased last worked at this occupation (month and year) Feb. 1935
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Cliffmire, Pa.

12. NAME Thomas E. Mc Hugh
14. BIRTHPLACE (city or town) (State or country) Cliffmire, Pa
15. MAIDEN NAME Margaret Plummer
16. BIRTHPLACE (city or town) (State or country) Cliffmire Pa.

INFORMANT (Address) Thomas Mc Hugh Tyrone Penna

BURIAL, CREMATION, OR REMOVAL
Place Tyrone Penn Date March 20 1935

UNDERTAKER Wm. C. Miller
(Address) 2435 E. Oliver St
FILED Huntingdon Pa. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-17-35, 19..., to 3-19-35, 19...
I last saw him alive on 3-19-35, 19... Death is said to have occurred on the date stated above, at 4.07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer	2-17
Broncho-pneumonia.	3-1-35
Lung abscess.	

Other contributory causes of importance:

Name of operation Pyloroplasty Date of 2-17
What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) John W. Entrikin, Jr., M. D.
(Address) U. M. H.

L. D. B. F 10822 F 10822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH: Home for the Aged of the M. E. Church
CITY OF BALTIMORE: (No. 2211 Rogers Ave., 17 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Baker

(a) Residence: No. 2211 Rogers Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 6th 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aged Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME Jesse Baker
14. BIRTHPLACE (city or town) (State or country) Balto Co Md
15. MAIDEN NAME Mary Hedrick
16. BIRTHPLACE (city or town) (State or country) Balto Co Md

INFORMANT Effa Cuddy
(Address) 2211 Rogers Ave

BURIAL, CREMATION, OR REMOVAL
Place St Mary's (Haughton) Date Mar 20th 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

[illegible] 20 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from Febry 26 1935 to Mch 18 1935
I last saw her alive on Mch 18 1935 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Acute	Febry 26
Other contributory causes of importance: Endocarditis	1 Year

Name of operation — Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C Shannon M. D.
(Address) 1700 Fulton Ave

F 10823

F 10823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ludwig Gawlis

(a) Residence: No. 1834 North Castle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
M	white	Widowed

If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~the late~~ Louise Gawlis

DATE OF BIRTH (month, day, year) About 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Alexander Gawlis

(Address) 1918 Mt Royal Terrace

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Mar 28 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Mar 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8 1935 to March 19 1935

I last saw ~~him~~ alive on March 19 1935. Death is said to have occurred on the date stated above, at 6 ~~P~~ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Chronic nephritis	
Other contributory causes of importance:	
Bronchopneumonia	
Influenza	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

Cor.—10-10-29—A Co.—100 Bks.

F 10824

F 10824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (Hospital, Street, Ward) Hebrew Memorial Hospital

2-FULL NAME Mrs Magnus Boy Rosalie Meilner

(a) RESIDENCE NO. 2203 St Paul St. St., 12 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Magnus Boy Meilner

6 DATE OF BIRTH (month, day, and year) July 5-1877

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	57	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Maryland

10 NAME OF FATHER Samuel Hamill

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country)

12 MAIDEN NAME OF MOTHER Virginia Jones

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

Informant Dr M. B. Meilner
(Address) 2203 St Paul St

Filed ..... 19.... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-18 19..

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows: Bronchopneumonia

..... (duration) ... yrs. ... mos. ... d.

CONTRIBUTORY (Secondary) .....

..... (duration) ... yrs. ... mos. ... d.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.

7/19 1936 (Address) 3632 Colonial Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL May 20th 19..

20 UNDERTAKER William Cook — ADDRESS 1217 St Paul St

MAY 20 1935 Washington

8 PK

M. D. B. 1265-9 F 10825 F 10825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Lawn View Ave. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie I. Weyhausen

(a) Residence: No. 3116 Lawn View Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed or divorced~~ ~~HUSBAND~~ (or) WIFE of Louis H. Weyhausen

DATE OF BIRTH (month, day, year) Sept 20th 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66 67		5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edwin Delaney

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Phila Pa

INFORMANT Irene L. Weyhausen

(Address) 3116 Lawn View Ave

BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Mar 21st 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th 1934, to March 18th 1935

I last saw her alive on March 18th 1935. Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance: Arterio Deformans	2 yrs
Asthma Sclerosis	

Name of operation None Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Corkran, M. D.

(Address) 1114 Hollins

D. B 12688 T 10826 E 10826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther Walker

(a) Residence: No. 341 W Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Haywood Walker

6. DATE OF BIRTH (month, day, year) Mar 21 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stacker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) Greenville SC | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greenville SC

13. NAME James Madison

14. BIRTHPLACE (city or town) (State or country) Greenville SC.

15. MAIDEN NAME Sarah Arnold

16. BIRTHPLACE (city or town) (State or country) Greenville SC

17. INFORMANT Fanny Rooks
(Address) 344 W Preston

18. BURIAL, CREMATION OR REMOVAL
Place Hol Calvary Date 3/21/35 19

19. UNDERTAKER Funeral Directors
(Address) 15-13 Lexington St

20. FILED 1935 Director or Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, how? .....

(Signed) H D Henry M.D. Coro... M. D.

(Addre... 1305 N Patterson Park Ave

F 10827

F 10827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N. Fremont ave St., 18 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Levitan

(a) Residence: No. 124 N. Fremont ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Isidore

DATE OF BIRTH (month, day, year) 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Baruch Ellison

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Yetta Sussman

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Isidore Levitan

(Address) 124 N. Fremont ave

BURIAL, CREMATION, OR REMOVAL

Place Washington Rd Date March 20 1935

UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1933, to March 19, 1935

I last saw h[illegible] alive on March 19, 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	1933
Other contributory causes of importance:	
General carcinomatosis	1935

Name of operation Exploratory laparotomy + excision of part of mass Date of Sept 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Leitz, M. D.

(Address) Temple Garden Apts

F 10828

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10828

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 W. Lanvale St 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean Marie Pierce

(a) Residence: No. 2028 W. Lanvale st Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Child

If married, widowed, or divorced: HUSBAND of (or) WIFE of — child

DATE OF BIRTH (month, day, year) Nov. 1, 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — L 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Charles Pierce

14. BIRTHPLACE (city or town) (State or country) Rockville Md

15. MAIDEN NAME OF MOTHER Florence Cole

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Charles Pierce

(Address) 2028 W. Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place Western Cmty Date Mar 21, 1935

UNDERTAKER John F. Inman

(Address) 3000 E. Baltimore St.

FILED Mar 21 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18 1935 to March 20 1935

I last saw h[illegible] alive on March 18, 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	March 16 1935
	one
Other contributory causes of importance:	
Bronchial pneumonia	Nov. 6. 1934

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Kardin Wallace M. D.

(Address) 2539 Wilbrook Ave

1935

F 10829

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10829

93-D

CERTIFICATE OF DEATH

Roland Ave. & Upland Rd

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Roland Park Apartments St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Rebecca Price

(a) Residence: No. Roland Park Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Richard W. Price

DATE OF BIRTH (month, day, year) Dec 10 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Leesburg, Md

13. NAME OF FATHER Isaac Lee Dennis Baltimore County Md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Emma Rebecca Cooke

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT (Address) Mrs. Laura B. Price (daughter) Roland Park Apts (address)

BURIAL, CREMATION OR REMOVAL Place Druid Ridge Date Mch 20 1935

UNDERTAKER John C. Mitchell Sons (Address) 1200 Eutaw Place

FILED Mch 20 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18 1935 to March 18 1935

I last saw her alive on March 18 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Senility	1931
2	
3	
4	

Other contributory causes of importance: Myocardial failure — 3-10-35

Name of operation — Date of No

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address)

F 10830

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10830

161-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital.

CITY OF BALTIMORE: (No. Caton + Wilkins Ave. St., 7th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Scott.

(a) Residence: No. 11 Gwynn Lake St., Woodlawn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-17-35

AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Robert Scott.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Margaret St Aubyn

16. BIRTHPLACE (city or town) (State or country) Chicago Ill.

INFORMANT Robert Scott

(Address) Woodlawn Md

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 22. 1935

UNDERTAKER Leonard J Ruppert

(Address) 5325 Gaylord St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17. 1935 to March 18. 1935

I last saw her alive on March 18 1935. Death is said to have occurred on the date stated above, at 7 4½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of the Newborn	3-17-35

Other contributory causes of importance:

Secondary Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert J. Healy M. D.

(Address) St. Agnes' Hospital

D. B 12[illegible] 10831

F 10831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME B. Robert Thompson

(a) Residence: No. Ridgeway, Pennsylvania St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 11th 1919

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
15	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Almus C. Thompson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Helen Osborne

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mr. Almus C. Thompson
(Address) Rockville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Rockville, Md. Date March 22 1935

19. UNDERTAKER J. H. Tickner & Sons
(Address) North Ave

Filed ..., 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19.. I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Leukemia	
Other contributory causes of importance: Hemorrhage, rt frontal lobe of brain.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Cater Coroner, M. D.

(Address) 508 E. North Ave

F 10832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10832

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH St. Agnes Hosp. Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton Ave (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 4 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Marie Shaw

(a) Residence: No. 3815 Cathedral St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of George W. Shaw

DATE OF BIRTH (month, day, year) Nov 13 1849

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Edward Stall

14. BIRTHPLACE (city or town) (State or country) Bladensburg Md.

15. MAIDEN NAME Marie Goodeson

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Mrs Anna S. Cranwell

(Address) 3518 Cathedral Rd

BURIAL, CREMATION, OR REMOVAL

Woodlawn Cem. Date Mar 21 1935

UNDERTAKER Wm J. Tuckner & Sons

(Address) North & Brookdale

FILED MAR 23 1935 H. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1935 to 3-19 1935

I last saw her alive on 3-19 1935 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo Nephritis	?
Uremia	3-17-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Uremia Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St. Agnes' Hospital

F 10833

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10833

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Brookfield Ave St., 13 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Fissel

(a) Residence: No. 2220 Brookfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Carolyn C. Fissel

DATE OF BIRTH (month, day, year): March 28, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	20 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Millinery Business

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 20 yrs

BIRTHPLACE (city or town) (State or country): Defiance Ohio

13. NAME Adam Fissel

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Catherine Fissel

16. BIRTHPLACE (city or town) (State or country): Brooklyn, N.Y.

INFORMANT: Mrs. Carolyn Fissel

(Address): 2220 Brookfield Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: Mar 20 1935

UNDERTAKER: J. C. Tichenor & Sons

(Address): [illegible]

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-11-, 1935, to 3-18, 1935.

I last saw h[illegible] alive on 3-17, 1935. Death is said to have occurred on the date stated above, at 1 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis C.V. disease	?
~~Auricular~~	
Coronary Thrombosis	3-15-35
Auricular Fibrillation	3-15-35?

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Nelson Carey, M. D.

(Address) 1014 St Paul St.

D. F. 1265-9

F 10831

F 10834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 Eastern Ave St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alphonso L. Mason

(a) Residence: No. 1415 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mason

6. DATE OF BIRTH (month, day, year) May 26 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Building

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hampton Va
(State or country)

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Mary Mason

(Address) 3 E Mt Royal

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Mar 20. 1935

19. UNDERTAKER Albert W Bareyon

(Address) Northern Freemount Ave

20. FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) J. L. Herzog M.D. M. D.

Coroner

(Address) 1005 N Patterson Park Ave

M. D. B 1268-9

Polenda

HEALTH DEPARTMENT—CITY OF BALTIMORE

10835 10835

CERTIFICATE OF DEATH

✓ 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

2. FULL NAME Joseph Poledna

(a) Residence: No. 829 N. Madeira St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

13. NAME Joseph Poledna

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Mary Unterrainer

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Mary Poledna

(Address) 829 N. Madeira St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 22 1935

UNDERTAKER Frank Leach & Son

(Address) 1406 Eastern Ave

FILED MAR 20 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19..., to ..., 19...

I last saw h alive on Injury 19... Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation Decompression Date of 3/18/35

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/18 1935

Where did injury occur? 1641 N. Monroe St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury working on the street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Joseph Poledny M. D. Coroner

(Address) 2700 E Madison St

M. D. P. 1268-9

10836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10836

CERTIFICATE OF DEATH

Registered No. 53-D

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosalie Carr

(a) Residence: No. Laurel Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) April 1 1928

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wooten Carr

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Myrtle Lusby

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Wooten Carr

(Address) Laurel Md

BURIAL, CREMATION, OR REMOVAL

Place Laurel Md Date Mch 21 1935

UNDERTAKER Lloyd Kacey

(Address) Laurel Md.

FILED MAR 20 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18 1935 to March 19 1935

I last saw h.. alive on March 19 1935 Death is said to have occurred on the date stated above, at 12:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vaso-Motor Collapse.	3-19
Shock	3-19

Other contributory causes of importance:

Sarcoma Left Scapula	Unknown

Name of operation Excision Tumor Mass Date of 3-19

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles L. Goodland, M. D.

(Address) University Hospital, Balto. Md.

M. D. P. 1268-9

10837 E 10837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Dalbert.

(a) Residence: No. no home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Widowed.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of May.

DATE OF BIRTH (month, day, year) 5/14/55.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jake Dalbert.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Plowman

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Julia Nelson (friend)
(Address) 13

BURIAL, CREMATION, OR REMOVAL Laurel Mem. Date 3/20, 35

UNDERTAKER Floyd Kayser
(Address) Laurel Md.

FILED 26 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1935 to 3/20, 1935

I last saw him alive on 3/20, 1935 Death is said to have occurred on the date stated above, at 7 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 days.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify...

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

Z. D. P. 1268-9

10838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 137 F 10838

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Laib Krichinsky

(a) Residence: No. 128 Jackson Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Hanger

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date 3/20/35 19

UNDERTAKER Levy Bros Inc

(Address) 1439 E. Baltimore

FILED 19 Registrar.

MAR 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1935 to March 20, 1935

I last saw h alive on March 20, 1935 Death is said to have occurred on the date stated above, at 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/15/35
Cardiac dilatation	3/19/35
Other contributory causes of importance:	
Benign hypertrophy of Prostate	1925

Name of operation Perineal prostatectomy Date of 3/12/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mark L. Gamm M. D.

(Address) Sinai Hospital

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10839

172-a

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Home for Aged & Infirm Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rose Fribush

(a) Residence: No. Belvedere & Greenspring Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Philip Fribush

DATE OF BIRTH (month, day, year) 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Mrs. Rose Fribush

(Address) Belvedere & Greenspring Ave.

BURIAL, CREMATION, OR REMOVAL: Chelsea Cemetery Co. Date 3/24/35

UNDERTAKER: Jos. Levi Inc.

(Address) 1439 E. Balto. St.

FILED MAR 20 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1935 to 3-20 1935

I last saw h er alive on 3-19 1935. Death is said to have occurred on the date stated above, at 6. A. m.

The principal cause of death and related causes of importance were as follows:

Chr. cardio-vascular disease — Date of onset

Hypertension

Arteriosclerosis

Other contributory causes of importance:

Chr. Bronchitis & Emphysema

Umbilical hernia

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Edmund Levin M. D.

(Address) Levindale

F 10840 Cavitt

STATE OF MARYLAND—CERTIFICATE OF DEATH

5 95-B F 10840

1. PLACE OF DEATH

Registration Dist. No.

County

Village or City Baltimore Md

No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

125 N. Eastern Ave 30 yrs. mos ds How long in U. S. if of foreign birth? yrs. mos. d

Length of residence in city or town where death occurred

2. FULL NAME Sophie Kamin

(a) Residence: No. 125 N. Eaton St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 47 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeper 0037

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Meer Kaplan

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Hannah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Husband

18. BURIAL, CREMATION, OR REMOVAL Place: Mt Carmel Date 3/21/35

19. UNDERTAKER (Address) 1439 E Baltimore Jack Lumbrazo

20. FILED 19 Huntington Williams Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

0 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 19 (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 18th 1935 to March 19th 1935

I last saw h.. alive on March 19th 1935, death is said to have occurred on the date stated above, at 6:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3/18/35

Other Contributory Causes of importance:

Hypertensive cardio-vascular disease

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an au'opsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morris A. Pine M.

(Address) 120 Cinquith Pl.

M. D. F. 1268-9

10841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10841

93-c

CERTIFICATE OF DEATH

Registered No. 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820-N. Bond Street St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? XXXX mos. ds.

2. FULL NAME Anna Louise Bond

(a) Residence: No. 1820-N. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William D. Bond

DATE OF BIRTH (month, day, year) June 12, 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	7	XXXXXX

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Abbington, Md.

13. NAME James Sewell

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Anna C Diffendafer

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

INFORMANT William D. Bond

(Address) 1820-N. Bond Street

BURIAL, CREMATION, OR REMOVAL

Place Abbington, Md. Date 3-22-35, 19

UNDERTAKER [illegible]

(Address) 1205 Harford Ave.

FILED SEP 20 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1932 to March 19, 1935

I last saw her alive on March 18, 1935 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Chronic Myocarditis	"
Cerebral Hemorrhage	3/19/35

Other contributory causes of importance:

Bronchial Asthma	1933

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Alfred E. Kingmaster, M. D.

(Address) 615 E. North Ave.

D. B. 1[illegible]-9 F 10842 ✓ F 10842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Pratt

(a) Residence: No. 3, S Frederick St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1[illegible]5

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U Md School Date May 20, 1935

19. UNDERTAKER
(Address)

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h[illegible] alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B B Herzog M D, Coroner M. D.

(Address) 1305 N Pulaski Pl

D. B. 2068-F

F 10843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Hosp St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thos. Moran

(a) Residence: No. Civic Center Calvert & Pleasant Sts St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	27		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT N. W. Police Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date Mar 20 ..., 1935

19. UNDERTAKER

(Address)

FILED ..... — 19 — ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident - 2nd degree Burns & Fractured Ribs Fracture Left Femur.	
Other contributory causes of importance: Fell off tram	

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 12 1935

Where did injury occur? Edmonson Ave near R.R. Bridge (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell off tram.

Nature of injury Fractured & Burns

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Kirk M. D. Coroner

(Address) Coroner

1201 THE MORGUE

M. D. B. 1269

F 10844

F 10844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 16-a

CITY OF BALTIMORE: (No. ..... St., W. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. Mos. Ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Blake

(a) Residence: No. 121 121 Ellerslie Alley Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Genevieve Blake

7. DATE OF BIRTH (month, day, year) Oct 25, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year) 2 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Geo Blake

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lea

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3/21/35 19

UNDERTAKER Isaac L. Brown & Son

(Address) 1830 Montgomery St

FILED 1935 Mar 22 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 35

22. I HEREBY CERTIFY, That I attended deceased from March 6, 19 35 to March 17, 19 35

I last saw him alive on March 17, 19 35 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma Esophagus	?
Perforating Esophagus	?

Other contributory causes of importance:

Abscess, lung	1 month

Name of operation Gastrostomy Date of 3/9/35

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signature) Samuel A. Gordon M. D.

(Address) Balto City Hosp

F 10845

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10845

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 W. Montgomery St. St., 22 Ward)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Parker.(C)

(a) Residence: No. 122 W. Montgomery St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If ~~HUSBAND~~ Widowed, ~~or WIFE~~ of Joseph Parker.(C)

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calver Co. Md.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Maggie Brown.(C)

(Address) 122 W. Montgomery St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 3/20/35

UNDERTAKER Isaiah L. Brown & Son

(Address) 708 W. Montgomery St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

3/20/35 (Address) 1017 E. Charles St.

✓ F 10846

H. D. P. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

10846

CERTIFICATE OF DEATH

× 93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 76 Ward)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Andrews.

(a) Residence: No. Cherry Hill Road Balto Co Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie

DATE OF BIRTH (month, day, year) 7/12/1874.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60.	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co. Md.

13. NAME Theodore

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) wife above.

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date Feb 20 1935

UNDERTAKER (Address)

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/3. 1934 to 2/28 1935

I last saw him alive on 2/28 1935 Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	7 mo?

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No - If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 10847

0847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-34

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Phillip Price

(a) Residence: No. 631 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies

13. NAME Wm. Price

14. BIRTHPLACE (city or town) (State or country) West Indies

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) West Indies

INFORMANT Records

(Address) Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL

Place Ft Mc Henry Date Jan 30 19 35

UNDERTAKER Commissioner Health

(Address)

FILED Huntington Ellis Registrar.

1935 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2-28-1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1931 to February 28, 1935

I last saw him alive on February 28, 1935 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	Unk.
Luetic Infection	Unk

Other contributory causes of importance:

Name of operation ... Date of ... yes

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Harry [illegible] M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9 F 10848

F 10848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-71-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Harlem ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jannie Tate Miller

(a) Residence: No. 1308 Harlem ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Negro	Married

6. If married, widowed, or divorced WIFE of Edward Miller

DATE OF BIRTH (month, day, year) 6-18-1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Lewis Tate

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Louise Tucker

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Louise Tucker

(Address) 1308 Harlem ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar. 20, 35

UNDERTAKER Mr. Katie R. Williams

(Address) 32[illegible] Edmondson st.

FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. ~~Jan~~ 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3rd 1935 to March 17th, 1935

I last saw her alive on March 16th. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Pernicious anemia — Date of onset 3-2 1935 ?

Other contributory causes of importance:

Unknown

Name of operation Physical Exam Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Walter J. Jackson, M. D.

(Address) 1631 W. Franklin st.

M. D. F. 1268-9

10849 ✓ F 10849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens - Caton Ave. St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. [redacted] mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Carter

(a) Residence: No. Oakland Rd., Halethorpe, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): July 16-1934

7. AGE — Years: — Months: 8 — Days: 3 — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: John Carter

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Elizabeth Kahne

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: John Carter

(Address) Oakland Road Halethorpe

BURIAL, CREMATION, OR REMOVAL: Baltimore Cem. Catonsville Date 3/21 35 19

UNDERTAKER: Franklin W. Lutz

(Address) 709 W. 33rd St.

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year): 3-19- 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-16- 1935 to 3-19 1935

I last saw him alive on March 19, 1935 Death is said to have occurred on the date stated above, at 9 20/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Broncho Pneumonia	3-17-35
Bilateral Otitis Media	3-14-35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy, M. D.

(Address) St. Agnes' Hospital

M. D. F. 1208-9

10850 ✓ F 10850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Smith.

(a) Residence: No. 924 N. Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	D 9th

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Emily Smith

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60 ?		—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Spencer Smith

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Emily Smith

(Address) 924 Vincent St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/21- 35 19

UNDERTAKER Franklin W Deihl

(Address) 709 W 3 St

FILED 1935 Huntington for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1935 to 3/18, 1935

I last saw him alive on 3/18, 1935 Death is said to have occurred on the date stated above, at 5-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days.
Pneumococcus meningitis	2 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robt A Reiter, M. D.

(Address) Balto City Hosp

M. D. F. 1268-9

E 10851

10851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Grent & Redwood St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mortimer Knapp

(a) Residence: No. Pylesville, Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Flora Knapp

DATE OF BIRTH (month, day, year) Nov 29 1900

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
34	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME of R Knapp

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lilly Mathews

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Roy Knapp

(Address) Pylesville Md

BURIAL, CREMATION, OR REMOVAL

Place Pylesville Md Date Mch 21, 1935

UNDERTAKER H. Howard Hott

(Address) Sand Spring Rd

FILED ... 1935

OK. Eugene Bellard M.D. Co. Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-19, 1935 to 3-19, 1935

I last saw h[illegible] alive on 3-19, 1935. Death is said to have occurred on the date stated above, at 8:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Wound to right groin (puncture)	3-13-35
Gas Gangrene	3-19-35
Foreign Body in Right Groin	3-13-35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-13, 1935

Where did injury occur? Vicinity of Pylesville, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in an open field.

Manner of injury Ft. fell on piece of wood.

Nature of Injury Puncture wound right groin

24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify He was a trapper.

(Signed) W. L. Fennell M. D.

(Address) University Hospital

M. D. P. 1268-9

✓ F 10852

0852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 W. Lanvale St. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Edward E. Stuckert.

(a) Residence: No. 2403 W. Lanvale St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs C. Elizabeth Stuckert

7. DATE OF BIRTH (month, day, year) November 19. 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	4	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BaltimOre Md

13. NAME John Stuckert,

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Mary Wolf.

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. C. Elizabeth Stuckert
(Address) 2403 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL
Place St Pauls. Cem Date MAR 22 1935

UNDERTAKER Robert S. Little.
(Address) 2700 Edmondson Ave.

MAR 21 1935 Arlington Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 19 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-7-82 to 3-19 19 38

last saw h alive on 3-17 19 35 Death is said to have occurred on the date stated above, at 11:30 A M

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis with Hypertension - Chronic myocardial. mayocarditis - Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Adhesive Pleurisy.

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Elmer B Freeman M. D.

(Address) 802 - Cathedral St

M. D. P. 1268-9

10853 F 10853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 15 27-17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2843 W. Garrison Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Gardner Phelps,

(a) Residence: No. 2843 Garrison Ave. West St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Phelps,

7. DATE OF BIRTH (month, day, year) August 14, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Lebow.

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Phelps,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Emma Kraft,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Katherine Phelps

(Address) 2843 W. Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date MAR 21 1935 19

19. UNDERTAKER Geo H Sittly

(Address) 2700 Edmondson Ave

FILED MAR 20 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 18 1935 19

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1935 to March 18, 1935

I last saw him alive on March 18, 1935 Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

Heart: coronary disease — Date of onset 3/17/35

Jaundice verified Joseph L. Yohalem 40 Coroner

Other contributory causes of importance:

Arteriosclerosis with hypertension 20 - 35 — 40 min. over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice L. Shaner, M. D.

(Address) 3 300 W. Baltimore.

M. D. P. 1268-9

10854 F 10854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward W. Preston

(a) Residence: No. 1425 Eutaw Pl St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Augusta Preston

DATE OF BIRTH (month, day, year) Dec 6, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam roller for Railroad Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edward Preston.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Fannie Jane

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Katherine M. Preston.

(Address) 1428 Eutaw St

BURIAL, CREMATION, OR REMOVAL Funeral

Place Prospect Hill Cem Date March 21, 1935

UNDERTAKER Henry Wood Sons Inc

(Address) 220 E Eager St

FILED Huntington Williams Asst Reg

MAR 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1933 to Mar. 15, 1935

I last saw him alive on Mar 5, 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Smith, M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

10855 ✓ F 10855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Battery Ave, 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant of Mr & Mrs Kenneth & Frances Miller.

(a) Residence: No. 1715 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 18, 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	—	—	—	15 hrs. 45 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Kenneth L. Miller

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Francis E. Johnston

16. BIRTHPLACE (city or town) (State or country) W. Virginia

INFORMANT Kenneth L. Miller

(Address) 1715 Battery Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Mar 21. 1935

UNDERTAKER John F. Dennis

(Address) 715 Light St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18 1935 to Mar. 19 1935

I last saw h im alive on Mar. 19 1935 Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
7 months	
Other contributory causes of importance:	
Exhaustion	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Campbell M. D.

3/19/35 (Address) 1644 Hanover St

Spec.—1-10-21—MAT—1500 Blks.

Howell ✓

F 10856

10856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1512 Gilmor ST., 18 WARD)

2-FULL NAME Lancelot Howell

(a) RESIDENCE NO. 1003 W Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug-15-1907

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. C.

PARENTS

10 NAME OF FATHER Eddie Howell

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Helen Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Sister (Address) 1003 W. Fayette St.

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-19-1935

17 I HEREBY CERTIFY, That I attended deceased from 3-13-1935 to 3-19-1935

that I last saw him alive on 3-19-1935

and that death occurred, on the date stated above, at 11:05 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) W. L. Jackson M.D.

3/21/35 (Address) 6000 Arlington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lehmon Cemetery DATE OF BURIAL March 22 1935

20 UNDERTAKER Adolphus Halstead ADDRESS 952 David Ave

M. D. H. 1268-9

10857 ✓ F 10857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 12 Ward)

Length of residence in city or town where death occurred 6/12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Cecelia Maddox

(a) Residence: No. 3804 Greenmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lafayette Maddox

7. DATE OF BIRTH (month, day, year) Sept 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James F. O'Hare

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Tarpy

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Mrs. Winnie Wentzel 3804 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Mar 21, 35

UNDERTAKER (Address) Margaret E. Flynn 2417 N. Fulton Ave

FILED 10 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18/35

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Hypertension	? ? ?

Other contributory causes of importance:

Fractured left hip	Feb 15

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Feb 15/35

Where did injury occur? Baltimore. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell down steps from home

Manner of injury

Nature of injury in back yard.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

M. D. B 126-9 F 10858

F 10858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. White

(a) Residence: No. 2501 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Mar 15th 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) (State or country) Howard Co Md

13. NAME Harrison C. White

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

15. MAIDEN NAME Mary F. Harvey

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

INFORMANT Hallie M. Webster

(Address) 3504 Clifton Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 21st 1935

UNDERTAKER William Bork

(Address) 1217 St Paul St

FILED 21 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound in brain	
Homicide	

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? If Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury March 19 1935

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Shot with revolver

Nature of injury Wound in brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Wahlgren M. D.
Coroner

(Address) 16 S. Howard St

F 10859

H. D. B. 1268-9

F 10859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Lewinton St., Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda Brumm

(a) Residence: No. 3303 Lewinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Christian Brumm

DATE OF BIRTH (month, day, year) March 21, 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month, day, year) Feb 19 1935

11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Heins

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Christian Brumm

(Address) 3303 Lewinton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3/23. 1935

UNDERTAKER Wm Pohl & Son

(Address) 1214 E Fayette St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin & Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) D R Herzog M D Coroner. M. D.

(Address) 1305 N Patterson Park Ave

AACo. 8-31 2500 F 10860

F 10860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Reservoir St., 13 Ward)

Length of residence in city or town where death occurred 40 yrs. mos ds How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Bessie O. Frankl

(a) Residence: No. 617 Reservoir St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced
BUSBAND of (or) WIFE of George Frankl

DATE OF BIRTH (month, day, year) Mar 1st or 2nd 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55	—	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Upperco Md

13. NAME Dixon Upperco

14. BIRTHPLACE (city or town) (State or country) Upperco Md

15. MAIDEN NAME Anna Mitten

16. BIRTHPLACE (city or town) (State or country) Westminster Md

INFORMANT Anna M Edgeworth

(Address) Burke Ave Towson

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 3/22 1935

UNDERTAKER McCord & Gaulett

(Address) 1217 E Baltimore St

FILED — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933 to March 20, 1935

I last saw her alive on March 19, 1935 death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1932
hysterectomy & radium implant	5/10/33
Pelvic bone metastases	9/. 34
multiple carcinomatosis	1/1 35

Other contributory causes of importance:

Name of operation Panhysterectomy Date of 5/10/33

What test confirmed diagnosis? clinical, operation and laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frankl. Smith, Jr., M. D.

(Address) 927 N. Calvert Street.

M. D. P. (22-9) F 10861

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10861

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Bonner Road St., 45 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Hofman

(a) Residence: No. 3913 Bonner Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes L Hofman

DATE OF BIRTH (month, day, year) March 8. 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	65	0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 25 yrs

BIRTHPLACE (city or town) (State or country) Baltimor Md

13. NAME John Hofman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Sauer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Agnes L Hofman

(Address) 3913 Bonner Rd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/21/35

UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18. 1935. to Mar. 19. 1935.

I last saw he alive on Mar 19. 1935. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

Angina Pectaris, 36 hrs followed by a mild coma Heart gradually grew weaker until end. Cause, No convulsions

Date of onset 3 or 5 yrs

Other contributory causes of importance: was an Epileptic for 20 yrs. every few days

Name of operation — Date of —

What test confirmed diagnosis? Myocarditis. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19..

Where did injury occur? Fell from 20 yds, fell from (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or elsewhere: place While painting

Manner of injury Epilepsy followed Head Injury

Nature of injury Head injury.

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify Not Cause of death

(Signed) Thos. E Phillips M. D.

(Address) 1439 Eutaw Place

M. D. B. 1268-B

F 10862 F 10862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1114 Shield St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Jr Robinson

(a) Residence: No. 1114 Shield St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 25-1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thos. Robinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Thelma Shew

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Thelma Robinson

(Address) 1114 Shield Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemty Date Mar 21 1935

UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman St

FILED ... Registrar

R 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leek Coroner M. D.

(Address) 1600 Eutaw

M. D. H 1269-9 F 10863

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10863

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1022 Gilmor St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo Moss

(a) Residence: No. 1022 Gilmor St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 3-1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Chas. Moss Jr

14. BIRTHPLACE (city or town)
(State or country) Va

15. MAIDEN NAME Hattie Harrison

16. BIRTHPLACE (city or town) N. Ca
(State or country)

INFORMANT Hattie Moss.
(Address) 1022 Gilmor St

BURIAL, CREMATION, OR REMOVAL Cemetery
Place Mt Calvary Date Mar 22 1935

UNDERTAKER Thos. E. Kelson
(Address) 1303 Presstman St

FILED ..... 19 ..... Registrar.

MAR 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20 th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
7 Days	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Required Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. C. Funk Coroner M. D.

(Address) Coroner

M. D. B 1268-9

10864 10864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1935

Registered No. 10864

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 E. Chase St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Dietz

(a) Residence: No. 2626 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 21, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	9 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Henry Dietz

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Caroline Rau

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mary Brown (Sister)
(Address) 2626 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 21, 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED 19 [illegible]

MAR 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Probably on or before Mar 1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Exposure & Alcoholism	
Found dead in empty house	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

Spec.—1-30-35 M. 4 F 10865

F 10865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 94-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 W Franklin ST., 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cecelia Bryan

(a) RESIDENCE No. 934 W Franklin, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Just now yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of ~~or WIFE of~~: Henry Bryan

DATE OF BIRTH (month, day, and year): April 6, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

10 NAME OF FATHER: John Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country): A.A. Co Md

12 MAIDEN NAME OF MOTHER: Adeline Reed

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A.A. Co Md

Informant: Ruth Howard

(Address): 934 W Franklin

Filed ... 19 ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 18, 35

17 I HEREBY CERTIFY, That I attended deceased from Feby 8, 1935, to March 18, 1935, that I last saw her alive on March 12, 1935, and that death occurred, on the date stated above, at 530 p. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. J. Kerrill M.D.

1935 (Address) 601 W Barre Balto City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Mar 21, 1935

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St

F 10866

M. D. H. 1200-30 F 10866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 814 N. Spring St. 10 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME (William) Nicholas Daniels.

(a) Residence: No. 814 N. Spring St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Daniels.

7. DATE OF BIRTH (month, day, year) June — 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer SW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pipe Mill.

10. Date deceased last worked at this occupation (month and year) Crew 2

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Granville County N.C.

13. NAME Nicholas Daniels.

14. BIRTHPLACE (city or town) (State or country) Granville County N.C.

15. MAIDEN NAME Jennie Marrow

16. BIRTHPLACE (city or town) (State or country) Granville County N.C.

INFORMANT William T. Daniels Brother

(Address) Turners Station Baltimore P.O. Box 54

BURIAL, CREMATION, OR REMOVAL

Place Crew 2a Date 3/21/35

UNDERTAKER Robert E. Young

(Address) 804 N. Caroline St.

FILED ... 19...

MAR 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1935 to 3-19 1935

I last saw him alive on 3-19 1935 Death is said to have occurred on the date stated above, at 1:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3-12-35

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo. S. Callum M. D.

(Address) 850 Druid Park

M. D. F. 1268-9 F 10867

F 10867

29533 4

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 121

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Sovans

(a) Residence: No. Monkton (Usual place of abode) md St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) 1/28/91

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	43	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John Sovans

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Georgia Berry.

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records.

(Address) Johns Hopkins Hospital

BURIAL, ~~CREMATION~~, REMOVAL

Place Union Chapel Date Mch 23 1935

UNDERTAKER P. Magdalino Son

(Address) 1210 Stiles St

FILED Mar 25 1935 Hunter for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 . 1935 to March 20 . 1935

I last saw him alive on March 20 . 1935. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendiceal abscess	Feb 2, 1935

Other contributory causes of importance:

Miliary tuberculosis of peritoneal abscess

Name of operation Appendectomy & drainage Date of 2/3/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (.....)

(Signed) ..... M. D.

(Address) c/o Johns Hopkins Hosp.

M. D. B. 1200

F 10868

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10868

CERTIFICATE OF DEATH

v 45-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Wilkens Ave. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelius J. Murphy

(a) Residence: No. 1927 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Margaret T. Murphy

6. DATE OF BIRTH (month, day, year) Mar 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired from the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc American R.R. Express Co

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Cornelius Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Ellen Connell

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Mrs Nellie E. Miller

(Address) 1927 Wilkens Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/22/ 1935

UNDERTAKER John J. Cowan & Son

(Address) 915 Gilmor St.

FILED Arthington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/19/ 1935

22. I HEREBY CERTIFY, That I attended deceased from July 15 1934 to March 17 1935

last saw h[illegible] m alive on March 15 1935. Death is said to have occurred on the date stated above, at 10:00 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lip — Date of onset 3/1/35

Other contributory causes of importance:

Cancer in tartar — 5/1/34

Name of operation None Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Nicholas Cathcart, M. D.

(Address) Med. Arts Bldg.

M. D. B. 1265A

F 10869

F 10869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. xv 96

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Isaac Black~~ William Kantuck

(a) Residence: No. Poplar Heights, Sparrows St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adnena

DATE OF BIRTH (month, day, year) Sep 7/1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Fireman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaufort, S.C.

13. NAME William ~~Black~~ Kantuck

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Chloe Williams

16. BIRTHPLACE (city or town) (State or country) S.C.

INFORMANT Adnena Black (wife)
(Address) Sparrows St

BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cem Date March 24th 1935

UNDERTAKER Mrs Robert A. Elliott
(Address) 1126 Hardwick St

FILED ~~March~~ 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Rupture of Aneurysm of cerebral artery	

Other contributory causes of importance:

Cardiac Hypertrophy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. L. Gallagher M. D.
Coroner

(Address) 1586 E. North Ave

M. D. B. 1268-9

F 10870

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10870

CERTIFICATE OF DEATH

V 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 213 N. Amity St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Pennick

(a) Residence: No. 213 N. Amity St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Pennick

DATE OF BIRTH (month, day, year) 3/5/1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Benjamin Pennick

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs M. Pennick

(Address) 213 N Amity St

BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date 3-23 19 35

UNDERTAKER Joseph A. Linthicum

(Address) 4029 N. Monument St

FILED ... 19 35 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20 , 1935

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

... M. D.
Coroner

Address 2427 Eastern Ave

M. D. B. 1268-9

F 10871

2959 83 HEALTH DEPARTMENT—CITY OF BALTIMORE

2959 10871

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Jackson

(a) Residence: No. 1414 W. Lafayette ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 8-9-91

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Robert Jackson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Liza ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem
Date 3/21 1935

19. UNDERTAKER Brune Pfeufer
(Address) 818 Park Ave

20. FILED 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1935 to March 17, 1935
I last saw h alive on March 17, 1935 Death is said to have occurred on the date stated above, at 4 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	? 2 yrs.
Metastasis to the lungs	? 2 yrs.
Portal obstruction	2 wks.

Other contributory causes of importance:

T.B. of T-12 & L-1 vertebrae	?
Bronchial obstruction	?
Anemia	3 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

M.D. (Signed) Reginald Tilghman, M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 10872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10872

CERTIFICATE OF DEATH

V 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Rasch.

(a) Residence: No. 1803 N Gay. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): 2/22/62

7. AGE: Years 73; Months; Days 26; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: John Heilman.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date March 22 1935

19. UNDERTAKER: Jos cook
(Address) 1217 St Paul Wilmington Delaware, N.J.

20. Filed 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/18, 1935

22. I HEREBY CERTIFY, That I attended deceased (from 5/22, 1934 to 3/18, 1935

I last saw her alive on 3/18, 1935 Death is said to have occurred on the date stated above, at 10 30 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 3 days.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. F 1268-9

F 10873

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10873

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Norad Johnson.

(a) Residence: No. 511 Bloom St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 4/11/88

8. AGE: Years 46 | Months 11 | Days 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Johnson.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Georganna Cox

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dora Robinson (sister)
(Address) 1233 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 21, 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1263 Pennsylvania Ave

FILED 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1935 to 3/18, 1935

I last saw him alive on 3/18, 1935 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Peters, M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

F 10874

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10874

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 S. Paca St. St., 21 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Fleury

(a) Residence: No. 813 S. Paca St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Fleury

6. DATE OF BIRTH (month, day, year) March 9, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	-	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Gobbib Yeakle

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mr. Charles E. Hooke
(Address) 151 S. Morley St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 23, 35

UNDERTAKER Joseph H. Cook
(Address) 1003 E. Baltimore St. Hunting for Pittsburgh, Pa.

FILED MAR 25 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1935 to Mar 20, 1935

I last saw her alive on Mar 19, 1935. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial nephritis	
Mitral stenosis	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. Morley Stoag, M. D.

(Address) 729 Washington Blvd.

M. D. B 1268-9

F 10875

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10875

122-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 15 Ward)

Length of residence in city or town where death occurred 58 yrs.) mos.) ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. ~~Staley.~~ STEHLEY. Name changed May 4 1935 to Mary A Stehley, which is correct, on information from Mrs Rosalind A Gumpman

(a) Residence: No. 4022 Belle Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If ~~married, widowed, or divorced~~ (or) WIFE of Samuel Staley.

7. DATE OF BIRTH (month, day, and year) November 20, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	3	27 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

13. NAME Samuel Ferguson.

14. BIRTHPLACE (city or town) (State or country) Connecticut.

15. MAIDEN NAME Mary C. Menegan.

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

INFORMANT Rosalind A. Gumpman. (Daughter)

(Address) 2832 Clifton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Mar 23. 1935

UNDERTAKER Harry A Ammerman & Son

(Address) 4204 Reisterstown Rd

Huntington Williams, M.D.

FILED 1935 . 19 Registrar. 3/20/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Myocardial Failure.	

Other contributory causes of importance:

Name of operation Laparotomy Date of 3/19/

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto W. Steinhardt M. D. Coroner

(Address) 1017 E. Charles St.

M. D. B. 1268-9 F 10876 ✓ F 10876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 8 Ward)

Length of residence in city or town where death occurred about 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? about 60 yrs. — mos. — ds.

2. FULL NAME Anna Bunkeller

(a) Residence: No. Mt Hope St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year): ? 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

INFORMANT: Mt Hope Records City
(Address)

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date March 22 19..

UNDERTAKER: Stewart Mortuary
(Address) 108 W Monroe

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to Mar 20 1935

I last saw h.. alive on Mar. 20 1935. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
Arterio Sclerosis	?

Other contributory causes of importance:

Senile dementia	25 years

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Milton P Hill M. D.

(Address) Mt Hope Retreat.

M. D. B. 1263-9

F 10877

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10877

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Earl Banks

(a) Residence: No. 1104 Brevard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 56	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, 1040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mrs Mabel Scott

(Address) 1104 Brevard St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date March 22 35

UNDERTAKER Mrs Thos G. Bailey

(Address) 1421 Jefferson St

FILED ... Huntington Williams ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If suicide, ...

(Signed) H Peterson M.D. Coroner M. D.

(Address) 1306 N Patterson Park

M. D. B. 1268-9

F 10878

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10878

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 S Ellwood Ave St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Hartman

(a) Residence: No. 709 S Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hartman

7. DATE OF BIRTH (month, day, year) Sept 23 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Chas. Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Dominick

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT George Hartman

(Address) 709 S Ellwood

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 23 1935

UNDERTAKER Felix Zeilenga

(Address) 403 S Monroe

FILED 21 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-35 to March 20-35 I last saw her alive on March 20-35 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1933

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hermann M. D.

(Address) 3-21-35 Balto Md

Spec.—2-29-28—1. F. S.—500 Bks.

F 10879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10879

46-B

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 306 N. Mount ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William C. Cornish

(a) RESIDENCE NO. 306 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cornish

DATE OF BIRTH (month, day, and year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ~~Armour & Co.~~

(c) Name of employer Armour & Co.

BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

10 NAME OF FATHER Aaron Cornish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Dorchester Co. Md.

12 MAIDEN NAME OF MOTHER Sophia Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co. Md.

Informant Mary Cornish

(Address) 1307 Dolphin St.

Filed 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20-35

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934 to March 20 1935

that I last saw him alive on March 20, 1935

and that death occurred, on the date stated above, at 12.3 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Secondary Anemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Jan. 1935

Was there an autopsy? No

What test confirmed diagnosis? Lab, Clinical, Surgical & X-ray

(Signed) H. Macon Williams M. D.

3-21 1935 (Address) 1830 Madison Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem.

DATE OF BURIAL 3/23 1935

20 UNDERTAKER Joseph S. Locke Jr.

ADDRESS 502 Jefferson St.

M. D. B. 1268-9

F 10880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Hunter

(a) Residence: No. 1800 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/5/28

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Hunter

14. BIRTHPLACE (city or town) (State or country) Florida

MOTHER

15. MAIDEN NAME Esther McLain

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place asburg cemetery Date March 16 35

19. UNDERTAKER Edward Bryan
(Address) 1631 orleans St

FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1935 to March 16, 1935

I last saw h— alive on March 16, 1935 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant tuberculosis	3 mo. ?
Tuberculous meningitis	10 d. ?
	ditto

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? L. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Gould, M. D.

(Address) J. H. Hospital

M. D. F. 1944 F 10881 ✓ F 10881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X H4-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Riddle

(a) Residence: No. Ella, Under St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER James Riddle

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Hollie E. Tawney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Riddle
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
Place All Saints 3/21 1935

19. UNDERTAKER Easton Bros
(Address) Ellicott City

FILED MAR 21 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1935 to March 20, 1935

I last saw her alive on March 20, 1935 Death is said to have occurred on the date stated above, at 1 40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/17/35
Chickenpox	3/17/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Maynard E. Bogash M. D.

(Address) Sydenham Hospital

M. D. H. 1268-9

✓ F 10882

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10882

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Featherstone

(a) Residence: No. 2706 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced — BUSBAND of (or) WIFE of: Michael F

DATE OF BIRTH (month, day, year): Mar 25/1858

7. AGE: Years 77 | Months 11 | Days 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

13. NAME — Featherstone

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary — —

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs. Chas. F. Bunzner

(Address) 2906 McElderry St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 3/23/35 19

UNDERTAKER: Philip Henry Sons

(Address) 2[illegible] Eastern Avenue

FILED 21 1935 19 8 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1935 to March 21, 1935

I last saw her alive on March 21, 1935 Death is said to have occurred on the date stated above, at 9.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of bladder	?
	3 yrs

Other contributory causes of importance:

Uraemia - terminal

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

AACo. 5-31 2108

F 10883

10883

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 W. Lee St., 22 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Hudson

(a) Residence: No. 503 W. Lee St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/18/35

7. AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or ... min.
			1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Elzie Williams

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Carrie Hudson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie Hutchinson
(Address) 503 W. Lee Street

18. BURIAL, CREMATION, OR REMOVAL
Place Md. School Date March 21 19 35

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED ... 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/35

22. I HEREBY CERTIFY, That I attended deceased from 3/18, 35, to 3/20, 35
I last saw h[illegible] alive on 3/20/35 death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature labor about 6 mos.	

Other contributory causes of importance:

Contracted Pelvis	

Name of operation none Date of ---
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Gray Bowen M.D.
(Address) 324 N. Carroll Ave

M. D. B. 1268-0

10884

HEALTH DEPARTMENT—CITY OF BALTIMORE

10884

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 N. 28 St. St., 12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse E. Jenkins

(a) Residence: No. 418 N. 28 St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	white	married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Harry Jenkins

6. DATE OF BIRTH (month, day, year) July 23, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER FATHER

13. NAME James M. Fisher

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Margaret Emery.

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mr Garfield Fisher
(Address) 2710 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL
St Mary's Cemetery Date 3/23/35

19. UNDERTAKER Walter Davis
(Address) 1348 Chestnut Ave.

FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20/35.

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1934 to Mar 20, 1935.

I last saw her alive on Mar 20, 1935. Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. Wm Wood M. D.

(Address) 3136 Eastern Ave

M. D. R 1268-9

✓ F 10885

10885 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W Ward)

Length of residence in city or town where death occurred ... yrs. mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilmer Maryland Johnson III

(a) Residence: No. Glen Burnie, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 30 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	6	1820	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galto Md

13. NAME Wilmer M Johnson

14. BIRTHPLACE (city or town) (State or country) Lake Shore Md

15. MAIDEN NAME Adeline R Dickey

16. BIRTHPLACE (city or town) (State or country) Rumford Maine

17. INFORMANT Mrs Mabel V Johnson
(Address) Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Mar 23/35

19. UNDERTAKER John F Dennis
(Address) 715 Light St

20. FILED ... 1935 ... Registrar.

8 of 11

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26th, 1935, to March 20th, 1935

I last saw h[im] alive on March 20th, 1935 Death is said to have occurred on the date stated above, at 12.25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/25/35
Other contributory causes of importance: Empyema	3/11/35
Toxic Ileus	3/18/35

Name of operation Thoracotomy, Rt. Date of 3/14/35

What test confirmed diagnosis? X-Ray & Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Laurietta L. Reese, M.D. M. D.

(Address) University Hospital

M. D. P. 1268-8

10886 ✓ F 10886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

147

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Jeannette Musial

(a) Residence: No. 1924 Eastern Ave. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Musial

7. DATE OF BIRTH (month, day, year) Jan. 18 1910

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
25	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Konstanty Kucicki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Valeria

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Harry Musial

(Address) 1924 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Mch. 23 '35

19. UNDERTAKER Fred W. Ozazewski

(Address) 1930 Eastern Ave.

FILED 1935 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 20 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolis following child birth	
Other contributory causes of importance: Probable Toxemia of pregnancy	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 508 E Monument

M. D. P. 1268-9

✓ F 10887

10887 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2072 Woodbury Ave. 13 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jamie E. Sullivan

(a) Residence: No. 2072 Woodbury Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura E. Sullivan.

6. DATE OF BIRTH (month, day, year) March 29, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lutheran Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Jamie Sullivan.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Susan B. Nunburger.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Jesse L. Sullivan.
(Address) 2072 Woodbury Ave

18. BURIAL, CREMATION, OR REMOVAL
Mayo Hampden Date March 22, 1935

19. UNDERTAKER Chenoweth Low.
(Address) 3615 Eastern Ave.

20. FILED 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1935

I HEREBY CERTIFY, That I attended deceased from Mar 10, 1935 to Mar 18, 1935

I last saw him alive on Mar 18, 1935. Death is said to have occurred on the date stated above, at 12 A- m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John F. Monnett, M. D.

(Address) 2032 Rolandon

M. D. B 1268-9

F 10888

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10888

CERTIFICATE OF DEATH

167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3526 Old Frederick Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Schubert

(a) Residence: No. 3526 Old Frederick Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Schubert.

7. DATE OF BIRTH (month, day, year) May 8- 1867.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10 9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Block Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R. R. Co

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

13. NAME William A. Schubert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Pierpont

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Catherine N. Schubert

(Address) 3526 Old Fredk Road.

BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date March 23 19 35

UNDERTAKER Henry Knight & Sons Inc

(Address) 1321 E. Eager St

Huntington Philippine Islands

FILED 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiry. 19 Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound through head	Mar. 20 1935
Other contributory causes of importance: Suicide	Mar 20 1935

Name of operation Date of

What test confirmed diagnosis? Inquiry there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 3-20 1935

Where did injury occur? 3526 Old Fredk Rd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fired bullet thru head

Nature of injury Bullet wound thru head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Volkmer M. D.
Coroner

(Address) 26 So. Broadway

1-30—M. & T.—100 B—50L

F 10889

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10889

CERTIFICATE OF DEATH

92-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1908 N. Charles ST., 17 WARD)

2-FULL NAME Manree J. Rousseaux

(a) RESIDENCE NO. 1908 N. Charles ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Rousseaux

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	about 70			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) do do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland. Baltimore.

PARENTS

10 NAME OF FATHER John. Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penna

12 MAIDEN NAME OF MOTHER Elizabeth Fitzgerald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penna.

14 Informant Mrs. Stephen Brewer
(Address) Lansdale, Pa.

15 Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-20 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.
Coroner

19 (Address) 302 Roland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL March 22 1935

20 UNDERTAKER E. Leroy Staffler, Inc.

ADDRESS 1251 E. Monument

M. D. B 1268-9

10890

HEALTH DEPARTMENT—CITY OF BALTIMORE

10890

CERTIFICATE OF DEATH

93-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Bank St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Czyz

(a) Residence: No. 1917 Bank St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalena Czyz

6. DATE OF BIRTH (month, day, year) Dec 27 1893

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
41	4	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gro 0034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Magdalena Czyz

(Address) 1917 Bank St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 23 1935

UNDERTAKER John M Weber

(Address) 401 S. Charles St

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance: Hemiplegia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. Herzog M. D.

(Address) 1305 N Patterson Park Coroner

M. D. F. No. 10891 F 10891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sykesville Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Owen Shepherd

(a) Residence: No. Arnold St. Md., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 10th 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1.		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Arnold, Md.
(State or country)

FATHER

13. NAME Franklin Shepherd

14. BIRTHPLACE (city or town) Owensville Md
(State or country)

MOTHER

15. MAIDEN NAME Louise Cox

16. BIRTHPLACE (city or town) Arnold, Md.
(State or country)

17. INFORMANT Franklin O. Shepherd Sr

(Address) Arnold Md.

18. BURIAL, CREMATION OR REMOVAL Cooley M.E. Cemetery

Place a. a. Co. Md. Date 3/22 1935

19. UNDERTAKER Wm Cook

(Address) 127 St. Paul St

MAR 22 1935 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18 1935 to March 21 1935

I last saw him alive on March 21 1935 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Pneumonia	3/19/35
Measles	3/19/35
Pneumonia (Bronchial)	3/19/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James E. Bogard M. D.

(Address) Sykesville Hospital

M. D. B. Form 1 10892

F 10892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2814 St Paul St., 17 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Stark

(a) Residence: No. 2814 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas F Stark

6. DATE OF BIRTH (month, day, year) May 1, 1855

7. AGE: Years 79 | Months 10 | Days 18. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home (17)

10. Date deceased last worked at this occupation (month, year) 1935 | 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Watkins
(Address) 2814 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 3/22/35

19. UNDERTAKER H M Cook Co
(Address) 1214 St Paul St

20. FILED MAR 22 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1935, to March 19, 1935.

I last saw h[er] alive on March 19, 1935. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3/14/35
Arteriosclerosis — ?
Hypertension — ?

Other contributory causes of importance:

Senility

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thomas Kernan M. D.

(Address) 11 East Chase St

M. D. No. F 10893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10893

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4417 Fremont Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace E. Lytle

(a) Residence: No. 4417 Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Robert E. Lytle

6. DATE OF BIRTH (month, day, year) August 22 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month) and year) 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles O'Rourke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Batchelor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Robt Lytle

(Address) 4417 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3/23 35

19. UNDERTAKER Wm Cook

(Address) 1219 E. Eager St

19. FILED ..... 19..... Registrar.

MAR 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2 1935 to March 20 1935

I last saw her alive on March 20 1935 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	
Cerebral Hemorrhage	March 18 1935

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl F. Berger M. D.

(Address) 5116 York Rd.

M. D. F. 1268-5

E 10894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10894

CERTIFICATE OF DEATH

✓ 52

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N Broadway St., 8 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry W Conoles

(a) Residence: No. 1309 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of Georgia G Conoles

6. DATE OF BIRTH (month, day, year): Feb 7 1868

7. AGE: Years 67 | Months 1 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone Cut Maker 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brighton Hospital

10. Date deceased last worked at this occupation (month and year): 1934.

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Conoles

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Rebecca Cook

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Georgia G Conoles

(Address) 1309 N Broadway

18. BURIAL, CREMATION, OR REMOVAL: Baltimore Date 3/21 1935

19. UNDERTAKER: The Cohn Co

(Address) 1214 E Monument

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 20 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to March 20 1935

I last saw him alive on March 19 1935. Death is said to have occurred on the date stated above, at 12:01 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right side face	
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation none of Was there an autopsy? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Irving F Littman M. D.

(Address) 1309 N Broadway

M. D. B. 1203-B

F 10895

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10895

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH U. S. Marine Hospital, Registered No.

CITY OF BALTIMORE: (No. Baltimore, Md. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry E. Miskimon

(a) Residence: No. 423 N. Milton Ave., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lilly Miskimon

7. DATE OF BIRTH (month, day, year) March 2, 1867

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartermaster & Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0082

10. Date deceased last worked at this occupation (month and year) 12-27-34

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Phillip Miskimon

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

15. MAIDEN NAME Mary Kessler

16. BIRTHPLACE (city or town) (State or country) at sea

17. INFORMANT U. S. Marine Hospital Records, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date March 23 1935

19. UNDERTAKER John Ullrich (Address) 2208 Eutaw St

FILED 19 Registrar.

22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 27, 1934 to March 20, 1935

I last saw him alive on March 20, 1935. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, paralysis, right -	12-21-34
Thrombosis, cerebral -	"
Arteriosclerosis, general -	"

Other contributory causes of importance:

none

Name of operation no Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. T. Ceder, M. D.

(Address) E. T. Ceder, U.S. Marine Hospital, Balto. Md.

M. D. B 1268-9

F 10896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10896

CERTIFICATE OF DEATH

92-a

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Curley St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Heck

(a) Residence: No. 209 N. Curley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) May 19/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Neuwaller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Charles J. Nemac

(Address) 209 N. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date March 22 1935

19. UNDERTAKER John Ulrich

(Address) 2002 Eutaw St

FILED 22 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2.30 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Valvular Insufficiency	

Other contributory causes of importance:

History of Endocarditis	3 yrs ago

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) O. J. [illegible] M. D.

Coroner

(Address) 508 E Fronta[illegible]

M. D. B. 1268-9 F 10897

F 10897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1505 W. Fairmount ave Ward) 19

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Dashwood Walker

(a) Residence: No. 1505 W. Fairmount ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Walker.

6. DATE OF BIRTH (month, day, year) September 11 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home wife of 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) January 5 - 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

13. NAME Sarah Jones.

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Harriet Warfield

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Roland Jones

(Address) 1708 Madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Mar 22, 35

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Lafayette st

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935 to March 18, 1935

I last saw h alive on March 16, 1935 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Interstitial Nephritis	3-16-35
Other contributory causes of importance: Influenza	3-7-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Reed, M. D.

(Address) 2932 Edmondson Ave.

M. D. B. 1208-9 F 10898 F 10898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. McComas

(a) Residence: No. 938 W Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca McComas

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Clarence McComas

(Address) 938 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Millington, Md. Date Mar 22 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Mar [illegible], 19 35 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-18- 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-17- 1935 to 3-18- 1935

I last saw him alive on 3-18 1935 Death is said to have occurred on the date stated above, at 1140 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Congestion	
Other contributory causes of importance:	
Bilateral Lobar Pneumonia (Primary)	3-9-35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin Poe Gupta M. D.

(Address) Provident Hosp.

Spec—12-23-21—E.B.R.S.—400 Bks.

F 10899

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10899

107-a

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No.) 4415 Old York Rd (St.) 27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME... Mrs Catherine Schaffer

(a) Residence No... 4415 Old York Road St.,..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced: Widow (Write the word)

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jas Thos. A. Schaffer

6-DATE OF BIRTH (month, day and year): April 4 1862

7-AGE: 72 yrs. 11 mos. 16 ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer: .....

9-BIRTHPLACE (city or town) (State or Country): Balto. Md

PARENTS

10-NAME OF FATHER: William Breen

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ireland

12-MAIDEN NAME OF MOTHER: Catherine Keane

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14- (Informant) Mrs. Thos. A. Schaffer

(Address) 4415 Old York Road

15- Mar 22 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): March 20 1935

17- I HEREBY CERTIFY, That I attended deceased from March 1 1935 to March 20 1935

that I last saw her alive on March 20 1935

and that death occurred, on the date stated above, at 7:45 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) yrs. mos. 4 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? —

(Signed) J. Lewis Glasgow M. D.

, 19 (Address) 4704 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery DATE OF BURIAL, Mar 23 1935

20-UNDERTAKER: Evergreen Undertaking Co ADDRESS 1310 E. Eager St

M. D. F. 1268-9

F 10900

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10900

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Elmira Ave St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth E. Herd Mrs. Wm.

(a) Residence: No. 2205 Elmira Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 11, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Herd

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ellen Birmingham

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT George Herd

(Address) 2205 Elmira Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Westen Date March 23

19. UNDERTAKER Chas. A. Keelty

(Address) 2301 Edmondson Ave

Huntington Pharmacy

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/35

22. I HEREBY CERTIFY, That I attended deceased from 3/18/35, 19 , to 3/20/35, 19

I last saw h alive on 3/20/35, 19 Death is said to have occurred on the date stated above, at 2.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/18/35
Other contributory causes of importance:	
Grippe	3/18/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Doan M. D.

(Address) 627 Post Bldg

M. D. B. 1268-9

10901 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10901

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 S. Robinson St., 1 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise F. Hisley

(a) Residence: No. 420 S. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Hisley

6. DATE OF BIRTH (month, day, year) Sept 28 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Fuchs

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Sanders

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary E. Smith

(Address) 4403 Belvidere ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Mar. 24 1935

19. UNDERTAKER Richard F. Curley

(Address) 400 E. Monument St.

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1930, to March 21, 1935

I last saw her alive on March 21, 1935. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arter. Sclerosis	Unknown
Other contributory causes of importance: Cerebral Hemorrhage	10 hours

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip Leon Antigiani M. D.

(Address) 2942 E. Fayette St.

M. D. P. 12669 10902 F 10902

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-5

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Kellman

(a) Residence: No. 4120 Alto Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anna Kellman

6. DATE OF BIRTH (month, day, year): 10-4-1884

7. AGE: Years: 50 | Months: 5 | Days: 17 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME Rivka Kellman

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Rebecca Friedel

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT HOSPITAL RECORDS

(Address)

18. BURIAL, CREMATION, OR REMOVAL HEBREW LORRAINE Date 3/22/35

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Balto. St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1935 to March 21, 1935

I last saw him alive on March 21, 1935 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Coronary Thrombosis	

Other contributory causes of importance:

Cerebral embolism	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul W. Spear M. D.

(Address) Sinai Hospital

M. D. F. 1268

F 10903

F 10903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 96 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mike Skalok.

(a) Residence: No. Bluefield W. Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/29/68.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Austria.
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) Austria.
(State or country)

MOTHER

15. MAIDEN NAME Patsy ?

16. BIRTHPLACE (city or town) Austria.
(State or country)

17. INFORMANT Records Bell.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Saint Mary's Date 3/22 19 35

19. UNDERTAKER J. J. Fahey Sons
(Address) 1318 Light St

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/23, 1934 to 3/17, 1935

I last saw him alive on 3/16, 1935 Death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (?) — Date of onset ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

F 10904

10904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Tinsley Nelson

(a) Residence: No. 902 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patsy

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 ?1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Otelia Scott

(Address) 975 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/23/35 19

19. UNDERTAKER Franklin W. Seitz

(Address) 709 West 32nd St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/29, 1934 to 3/18, 1935

I last saw him alive on 3/18, 1935 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

M. D. F. 1268-9

F 10905

10905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Greenmount Ave. 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Elizabeth Hunt

(a) Residence: No. 1913 Greenmount Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Hunt

6. DATE OF BIRTH (month, day, year) June 1, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Hugh Crockett

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliza Stiffler

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Irma Hartle

(Address) 1913 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date March 21 1935

19. UNDERTAKER E. Levy Sons, Inc.

(Address) 122 E. North Ave.

20. FILED MAR 22 1935 19... Hill. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11th 1935 to Mar. 19th 1935

I last saw h... alive on Mar. 19th 1935. Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Coma	3/17

Other contributory causes of importance:

Carbuncle	3/17

Name of operation ... Date of ...

Was there an autopsy? ... Were findings confirmed by Laboratory Exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. Jungmann M.D. M. D.

(Address) 401 E 20th Balto

M. D. B. 1263-9

10906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10906

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH United States Marine Hospital, 4

CITY OF BALTIMORE: (No. Baltimore, Maryland. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Jones

(a) Residence: No. 610 E. Pratt St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie Gardner Jones

6. DATE OF BIRTH (month, day, year) August 31, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 3-27-31

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Southern Maryland

FATHER

13. NAME Edward J. Jones

14. BIRTHPLACE (city or town) (State or country) Southern Maryland

MOTHER

15. MAIDEN NAME Mary Norfolk

16. BIRTHPLACE (city or town) (State or country) Southern Maryland

17. INFORMANT U.S. Marine Hospital Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date March 23 1935

19. UNDERTAKER E. Leroy Stiffler, & Mc
(Address) 120 E. Preston Ave.

FILED 22 1935 Harrington Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1931 to March 21, 1935

I last saw him alive on March 21 1935 Death is said to have occurred on the date stated above, at 1:25a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, bases, bilateral	3-20
Myocarditis, chronic	unknown

Other contributory causes of importance:

Senility

Name of operation none Date of --

What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. M. Townsend M. D.

(Address) E. M. Townsend, U. S. Marine Hospital, Balto. Md.

M. D. F. 1268-9

N UESLEIN

F 10907

10907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH 4104 Parkwood Ave

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Lifty ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine M. Neuslein

(a) Residence: No. 4104 Parkwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Martin A Neuslein

6. DATE OF BIRTH (month, day, year) March 18, 89

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Feb. 1933 | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christopher Guckert

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Barbara Guckert

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Martin A. Neuslein 4104 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 3/25 1935

19. UNDERTAKER Leonard Clark (Address) 1304 Hoffman Rd.

22. FILED ..... 19 ..... Registrar

MAR 22 1935

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1934 to March 21, 1935

I last saw her alive on March 21, 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Pulmonary Tuberculosis	Aug 34
Other contributory causes of importance: Myocarditis	March 25

Name of operation None Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Lachman M. D.

(Address) 1914 Belair Rd.

M. D. F 1269-9

F 10908

10908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6104 Marietta Ave 27 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Hampson

(a) Residence: No. 6104 Marietta Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Alice C Hampson

6. DATE OF BIRTH (month, day, year): June 24-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Columbia Pa

FATHER

13. NAME: George Hampson

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Alice Hampson

(Address): 6104 Marietta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Leland Mem Park 3/23. 1935

19. UNDERTAKER: Leonard J Lynch

(Address): 1505 Hayward Rd

20. FILED: 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3 . 1935 to March 20 . 1935

I last saw him alive on March 9 . 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3.7.35

Other contributory causes of importance: None

Name of operation: Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benj. F. Hayden M. D.

(Address) 216 N. Caroline St.

M. D. of B. 1204-V

E 10909

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10909

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 422 E. Fort Ave St. 24 Ward)

Length of residence in city or town where death occurred 44 yrs. 10 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas E. Hall.

(a) Residence: No. 422 E. Fort Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Bessie Hall.

6. DATE OF BIRTH (month, day, year) May 4, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $5.50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas E. Hall.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary F. Carey.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bessie Hall. (wife)
(Address) 422 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/23 19 35

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Eight St.

... 19 ... (Signature of Undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto H. Leonhardt M. D.
Coroner

3/21/35 (Address) 1017 E. Charles St.

M. D. P. F 10910 ✓ F 10910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Lane Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Lilly Dwyer

(a) Residence: No. 1927 Kennedy Ave. St., 9 Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Melvin Dwyer.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Prine.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. A. Prine.

(Address) 1927 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Mch 23 1935

19. UNDERTAKER Mary M. Wiggfield

(Address) 501 E. 22 St.

20. FILED 3-22-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1935 to March 21, 1935

I last saw her alive on March 21, 1935 Death is said to have occurred on the date stated above, at 11 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2 Scarlet Fever	2/1/35.
1 Bronchopneumonia	3/18/35

Other contributory causes of importance:

Name of operation No. Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel C. Dyorad M.D.

(Address) Lyden Lane Hospital

M. D. B. 1963-9 F 10911 ✓ F 10911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3310 Bateman Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur L. Frey

(a) Residence: No. 3310 Bateman Ave St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced (write the word)~~
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Florence L. Frey

6. DATE OF BIRTH (month, day, year) Oct 24th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 1866

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bond Salesman

10. Date deceased last worked at this occupation (month and year) March 19

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert G Frey

14. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER

15. MAIDEN NAME Eugenia Hines

16. BIRTHPLACE (city or town) (State or country) Yorkana Pa

17. INFORMANT Walter A Frey

(Address) Milton & Coldstream Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date June 26th 1935

19. UNDERTAKER George Guilliard Sons

(Address) 1219 Linden Ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934 to March 20, 1935

I last saw h~~im~~ alive on March 20, 1935 Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3/13/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur J Davies M. D.

(Address) 800 W 36th St.

M. D. R. 1268-9 F 10912

29438 F 10912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46c

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Ruderman

(a) Residence: No. Marlboro apts St., ... Ward. Newport News Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-29-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Morris Ruderman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie Gordon

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cedarcroft N.Y. Date Mch 24 1935

19. UNDERTAKER John D. Mitchell Son

(Address) 1710 Eutaw Place

20. FILED 1 Mar 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1935, to March 21, 1935.

I last saw him alive on March 21, 1935. Death is said to have occurred on the date stated above, at 1145 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum — Date of onset ? 1933

Amyloid Disease

Other contributory causes of importance:

? Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas Michael Feldman, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-36 F 10913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Kenny

(a) Residence: No. 1275 East Eager St., 10 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) aug. 21-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John Kenny

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Schneider

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Mt Hope Retreat Mt Hope Retreat.

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Date May 26 1935

19. UNDERTAKER Henry Wreck Sons Inc. (Address) 1301 E. Eager St

20. FILED May 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1935

22. I HEREBY CERTIFY, That I attended deceased from — 1921 to May 22 1935

I last saw her alive on May 22 1935. Death is said to have occurred on the date stated above, at 9:26 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Cardiac Insufficiency	1 week

Other contributory causes of importance:

Melancholia	1921

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hill M. D.

(Address) Mt Hope Retreat

M. D. F. 1268-9

10914

✓ F 10914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Juanita Scott.

(a) Residence: No. 1504 Milliman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): ?

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1866

7. AGE: Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York.

FATHER

13. NAME: Geo Hogarth

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Octavia Alley

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: U. Md School Date: Mar 22, 1935

19. UNDERTAKER

(Address)

20. FILED: 1935 [illegible] Registrar

1206

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 3/18, 1935

I last saw her alive on 3/18, 1935 Death is said to have occurred on the date stated above, at 12 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 10915

10915

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-J-107-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis Ross

(a) Residence: No. 310 S. Dallis St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2/6/69.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66.	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Kelly

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ritty

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Hill School Date Mar 22 1935

19. UNDERTAKER
(Address)

20. FILED Mar 25 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 3/17 1935

I last saw him alive on 3/17 1935. Death is said to have occurred on the date stated above, at 4 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	10 days

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 10916

10916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. V 1270

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank L. Hendricks

(a) Residence: No. 5102 East Baltimore St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Mary D. Hendricks

6. DATE OF BIRTH (month, day, year) Sept. 6, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	5	20 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? do

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Philadelphia

FATHER

13. NAME Frank L. Hendricks

14. BIRTHPLACE (city or town) (State or country) Ill. -

MOTHER

15. MAIDEN NAME Mary Garrett

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Cem. Date 3/23 1935

19. UNDERTAKER Roland F. Feickert

(Address) 612 N. Monroe St.

20. FILED 3 22 1935 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 1935

22. I HEREBY CERTIFY, That I attended deceased from March 14 1935 to March 20 1935

That I last saw him alive on March 20 1935 Death is said to have occurred on the date stated above, at 11:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Enteritis & Perforation of Intestine	2 wks
Other contributory causes of importance:	
Generalized Peritonitis	

Name of operation Laparotomy Date of 3-14-35

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Samuel A. Gross M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

F 10917

10917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 59

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE. MD St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Jefferson

(a) Residence: No. Stony Creek Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Jefferson

6. DATE OF BIRTH (month, day, year) May-19-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Edward Carr

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Katherine Fynnis

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT William Jefferson (Address) Stony Creek Q.A.Co.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date May 23 1935

19. UNDERTAKER Margaret E. Flynn (Address) 1422 Light St.

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1935 to March 20, 1935

I last saw h[illegible] alive on March 20, 1935. Death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Diabetes mellitus	
2. Chronic myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

E 10918

10918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Myrtle Ave 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Bonner

(a) Residence: No. 210 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 21, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newborn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Edward Bonner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sadie Bonner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Addie Bonner
(Address) 210 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Mar 22 1935

19. UNDERTAKER
(Address)

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1935 to Mar 22, 1935

I last saw h.. alive on Mar. 21, 1935 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Spontaneous abortion	
26 wks.	

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Savage M. D.

(Address) Univ. Hosp.

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. H. 1268-9

F 10919

F 10919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH Mutual Chemical Co.

CITY OF BALTIMORE: (No. Block & Mills St. St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 8 mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvester McGill Jr.(C)

(a) Residence: No. 800 George St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, HUSBAND of Beatrice McGill.(C)

6. DATE OF BIRTH (month, day, year) June 11, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mutual Chemical Co

10. Date deceased last worked at this occupation (month, day, year) 3/19/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kinnsboro, S.C.

FATHER

13. NAME Sylvester McGill Sr.(C)

14. BIRTHPLACE (city or town) (State or country) Kinnsboro, S.C.

MOTHER

15. MAIDEN NAME Eliza Erby.(C)

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Walter McGill.(C) brother.

(Address) 605 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Winsboro S.C Date 3/22/ 1935

19. UNDERTAKER Charles S. Cooper

(Address) 514 N. Calhoun St

20. FILED 22 1935 Winston Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Cervical Vertebrae.	
Accidental fall from a platform.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 3/19/35

Where did injury occur? Block & Mills Sts.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Accidental fall.

Nature of injury Fracture of Cervical Vert.

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify.

(Signed) Otto H. Leonhardt M. D.

3/21/35 (Address) 1017 E. Charles St. Coroner

M. D. P. 1268-9

10920

HEALTH DEPARTMENT—CITY OF BALTIMORE

10920

CERTIFICATE OF DEATH

XV 107-a

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkins Ave 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 8 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William E. Smith

(a) Residence: No. 22 First Ave. St., Halethorpe Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Smith

6. DATE OF BIRTH (month, day, year) October 18, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~70~~ 70	70	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corkran Hill

10. Date deceased last worked at this occupation (month and year) January 1935

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Thomas E. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Hook

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Wm. F. Smith

(Address) 22 First Ave., Halethorpe

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date March 25, 1935

19. UNDERTAKER Joseph Cook

(Address) 1003 W. Baltimore St.

FILED 2-1-1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14", 1935, to March 22", 1935

I last saw him alive on March 22", 1935. Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-12-35
Emphysema	2-1-35

Other contributory causes of importance:

Name of operation Thoracotomy Date of 2-25-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Dally F. Healy M. D.

(Address) St. Agnes Hospital

M. D. B 1268-9

(Coyle) E 10921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10921 ✓ 186-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Agnes Hospital 70 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank F. Coyle

(a) Residence: No. 2500 Ashton Street St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresa Coyle

6. DATE OF BIRTH (month, day, year) Nov. 4 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0 9

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Michael Coyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McDonald

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Celtus Mitch

(Address) 2500 Ashton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedralen Date March 23 1935

19. UNDERTAKER George A. Farley

(Address) 1800 W. Fayette St.

20. FILED 22 1935 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h..... alive on Inquiry 19.... Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Injury	Jan. 13 1935
Other contributory causes of importance: Accident	Jan. 13 1935

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1-13 1935

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In industry

Manner of injury Fell down steps

Nature of injury Brain injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) Joseph L. Valentine M. D.

(Address) 16 E. Broadway Coroner

M. D. B. 1268-9

F 10922

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10922

CERTIFICATE OF DEATH

✓ 105

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1005 - Edmondson Ave & Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Cornelius Bracco

(a) Residence: No. 1005 - Edmondson ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Henrietta Ridout Bracco

6. DATE OF BIRTH (month, day, year) B. 14. 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor Cafe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant 004

10. Date deceased last worked at this occupation (month and year) 3.14.35

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

FATHER

13. NAME Cornelius Bracco

14. BIRTHPLACE (city or town) (State or country) Eastern Shore md.

MOTHER

15. MAIDEN NAME Melvina Masse

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Henrietta R. Bracco
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Saint Lawrence Date March 22 1935

19. UNDERTAKER Archibald A. Gaddis
(Address) 2101 McCulloh St.

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.20.35 19

22. I HEREBY CERTIFY, That I attended deceased from 3.15.35 19 to 3.20.35 19

I last saw him alive on 3.20.35 19 Death ~~is said~~ to have occurred on the data stated above, at 3:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngitis	1933
Edema of Larynx	3.15.35
Edema of Larynx	3.20.35

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? By Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St

M. D. F. 368-9 F 10923

F 10923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gunther

(a) Residence: No. 24 Purston Ave. St. Ward.

(Usual place of abode) Catonsville, Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4th 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Gunther

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Dingle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry Gunther

(Address) 24 Purston Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/25/ 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

AR 23 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22- 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 1935 to March 22 1935

I last saw her alive on March 22. 1935 Death is said to have occurred on the date stated above, at 10 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1931
Other contributory causes of importance: Metastasis to Lungs & both Eyes	1934

Name of operation Radical Mastectomy Date of 1931

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St Agnes' Hospital

M. D. B. 1368-9 10924

HEALTH DEPARTMENT—CITY OF BALTIMORE

10924

CERTIFICATE OF DEATH

X V/22-B

1. PLACE OF DEATH Mercy Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean Gibson

(a) Residence: No. Fremont School, Hunton, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William L. Gibson

6. DATE OF BIRTH (month, day, year) 4/10/888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	4 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse 0048

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

FATHER

13. NAME John Corrie Hopkins

14. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

MOTHER

15. MAIDEN NAME Catherine Bell

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 3/23/ 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAR 23 1935 19 for [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/35 19

22. I HEREBY CERTIFY, That I attended deceased from 2/10/35 19 to 3/22/35 19

I last saw h[illegible] alive on 3/22/35 19 Death is said to have occurred on the date stated above, at 5 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Intestinal obstruction	3/10/35

Other contributory causes of importance:

Name of operation Laparotomy Date of 3/20/35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Raymond F. Hufford M. D.

(Address) Mercy Hospital

M. D. B 1268-9 P 10925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10925

CERTIFICATE OF DEATH

✓ 93-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Salvation Army, 925 S. Fremont Ave. St., 21 Ward)

Length of residence in city or town where death occurred 4 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Enos N. Franklin.

(a) Residence: No. 925 S. Fremont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Do not know

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 12, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salvation Army.

10. Date deceased last worked at this occupation (month and year) 3/21/35

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Norristown, Pa.

FATHER

13. NAME Enos Franklin.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Sarah ---------

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Salvation Army Social Department
(Address) 925 S. Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 3/23/, 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 22 1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Acute dilatation of the heart	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Steinhardt, M. D.
Coroner

3/22/35 Address 1017 E. Charles St.

M. D. B. 1938-9 F 10926

F 10926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH 2425 Caloston Hgts Ave. Registered No. 5

CITY OF BALTIMORE: (No. Baltimore Ind St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs George Schmaltzinger

(a) Residence: No. 2425 Caloston Hgts Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Ern George Schmaltzinger

6. DATE OF BIRTH (month, day, year) 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman 0062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eaton Biscuit Co.

10. Date deceased last worked at this occupation (month and year) Feb 10 1935

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Schmaltzinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr LeRoy Schmaltzinger

(Address) 2425 Caloston Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date March 25 1935

19. UNDERTAKER Hilda Doerdene

(Address) 217 S Paca St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 24/35, 19 ..., to March 22/35, 19 ...

I last saw him alive on March 21/35, 19 ... Death is said to have occurred on the date stated above, at 3.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 22/35

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Physician. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry B Holland, M. D.

(Address) 1 W Mt Vernon Pl

M. D. B. 4068-9 F 10927

F 10927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Watkins + Caton Ave 70 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Nagler

(a) Residence: No. 37 S. Monastery St. Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-18-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3 days 12½ hrs.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Anna Kvitach

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jennie Nagler

(Address) 37 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date March 23, 1935

19. UNDERTAKER Fielder Forrest

(Address) 247 S. Eutaw St.

20. FILED MAR 23 1935, 19.. Baltimore, ..., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-18-35, 19.., to 3-21-35, 19..

I last saw him alive on 3-21-35, 19.. Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3-18-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert J. Healy, M. D.

(Address) St. Agnes Hospital

M. D. P. 1268 F 10928

F 10928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Agnes Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caton + Wilkins Ave. 70 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Mayle

(a) Residence: No. 37 S. Monastery Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-18-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2 days 17 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME M

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anna Kostech

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Eagles

(Address) 3- S Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date March 23. 1935

19. UNDERTAKER Hilda Boerdens

(Address) 217 S Paca St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-18-35, 19... to 3-20-35, 19...

I last saw her alive on 3-20, 1935. Death is said to have occurred on the date stated above, at 9:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	3-18-35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Robert F. Neyle

(Address) St. Agnes' Hospital

M. D. B. 1268-B

F 10929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10929

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2410 E. Chase St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis H. Noyes

(a) Residence: No. 2410 E. Chase St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Noyes

6. DATE OF BIRTH (month, day, year) Oct 12 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME David Noyes

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Armilda Cornelius

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Barbara Noyes

(Address) 2410 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. 3/23/35

19. UNDERTAKER Leyman Bros. Inc.

(Address) 32 S. Broadway

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-19-35 to 3-20-35

I last saw h[illegible] alive on 3-20-35 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	about 3 days
acute Cardiac Dilatation	1 day

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) ...

6

M. D. F. 1268-9

F 10930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10930

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evan Walton

(a) Residence: No. 609 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ross Walton

6. DATE OF BIRTH (month, day, year) Sept 6, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	6	13 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) Jan 6, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Jeff Walton

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Ross Walton
(Address) 609 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 3/23/ 1935

19. UNDERTAKER Frances A Hemsley
(Address) 5756 W Biddle St.

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1935 to March 19 1935

I last saw h. alive on March 19 1935. Death is said to have occurred on the date stated above, at 10-05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis.	1-8-35
Other contributory causes of importance: Bilateral pneumonitis	1-21-35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Lehmann M. D.

(Address) 40 Mercy Hospital

M. D. P. 1268-9 F 10931 ✓ E 10931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46F

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis E. Todd

(a) Residence: No. 511 Hollen Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Louisa Todd

6. DATE OF BIRTH (month, day, year) Dec. 18th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Claim Div. U.S.E.C.

10. Date deceased last worked at this occupation (month, day, year) Feb 6th 1935

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Martin Todd

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs Louisa Todd

(Address) 511 Hollen Road

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date March 25, 1935

19. UNDERTAKER Frederick Lakeland Son

(Address) 740 Edgar Road

20. FILED MAR 25 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 6, 1935 to March 21, 1935

I last saw him alive on March 21, 1935. Death is said to have occurred on the date stated above, at 3 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma (c) head of pancreas	
2. Obstructive jaundice	
3. Toxaemia	

Other contributory causes of importance:

Name of operation Cholecystotomy Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B.-1268-9-4

F 10932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10932

CERTIFICATE OF DEATH

X 181

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9 Ward)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Wildberger

(a) Residence: No. Perry Hall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) March 9, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	-	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurateur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) Mar. 4, 1935

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Henry Wildberger

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Louise Glatzel

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mrs. John Mitchell
(Address) Fullerton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cem. Date Mar. 24, 35

19. UNDERTAKER Frederick Lineaweaver Sons
(Address) 7401 Belair Road
Harford Avenue, Md.

20. FILED Mar 25 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia due to burns over body	Mar 4/35
Bed clothes caught fire from a lighted cigarette while in a convulsion-proably epilentic	

Other contributory causes of importance?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Mch 4/35

Where did Injury occur? Balto. Co., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of Injury

Nature of Injury Burns not fatal

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Collins M. D.
Coroner

(Address) 5 S E Monument

M. D. F 1933-9

F 10933 ✓ F 10933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-a

1. PLACE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

Length of residence in city or town where death occurred ____yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? ____yrs. ____mos. ____ds.

2. FULL NAME Mary McKenny

(a) Residence: No. Fulerton, Md. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of John

6. DATE OF BIRTH (month, day, year) Mar 22/67

7. AGE	Years	Months	Days	If LESS than 1 day, ____hrs. or ____min.
	68	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Goes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hess Cem. Date 3/28/35

19. UNDERTAKER Fred Lasgalm & Co
(Address) 1401 Pacas St.

20. FILED _____, 19__ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22/35 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage-Apoplexy	3/20/35
Pernicious Anaemia	1931
Genl Arteriosclerosis	???

Other contributory causes of importance:

Fracture of rt femur	3/20/35

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental Date of injury 3/20/35

Where did injury occur? Baltimore. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place fell in Hopkins Hospital as

Manner of injury result of apoplexy

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) _____ M. D.
Coroner

(Address) _____

M. D. F. 1268-9

F 10934 ✓ F 10934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

931

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 McElderry St St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula Mapp

(a) Residence: No. 1520 McElderry St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

MOTHER | FATHER

13. NAME ???

14. BIRTHPLACE (city or town) (State or country) ???

15. MAIDEN NAME ???

16. BIRTHPLACE (city or town) (State or country) ???

17. INFORMANT Bettie Roberts
(Address) 1523 McCullough St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemtry Date Mar 24. 35 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1313 Pressman St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21/35. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. H. Capers M. D.
Attending Physician

(Address) 508 E Lanvale

M. D. B. 1268-9

F 10935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10935

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 14 Dunmore St., 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Worthy Coleman

(a) Residence: No. 1308 W. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clinton Coleman

6. DATE OF BIRTH (month, day, year) April 17. 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
20 21		11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harvey H. Green

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Maud Thomas

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Clinton Coleman
(Address) 1308 W. Carey St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel cemetery Date Mar 24. 1935

19. UNDERTAKER Thomas E. Kelsey
(Address) 1303 Freastman St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-20-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1935, to 3-20, 1935

I last saw h-e alive on 3-20, 1935 Death is said to have occurred on the date stated above, at 11:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3-20-35
Other contributory causes of importance:	
Acute Appendicitis	3-3-35

Name of operation appendectomy Date of 3-3-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Harris, M. D.

(Address) Provident Hospital

M. D. B. 1268-0

F 10936

Butler

✓ F 10936

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 - 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH — ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Butler.

(a) Residence: No. 1706 - Llewellyn St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Married.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Mar 23 . 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] . 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 . 1935 to March 20 . 1935
I last saw him alive on 3/20 . 1935 Death is said to have occurred on the date stated above, at 3 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis -	
Congestive Heart Failure	
Other contributory causes of importance:	
Chronic Nephritis. -	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

M. D. F 10937 ✓ F 10937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lyderkam Hospital

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Willard Hawkins

(a) Residence: No. 757 Lorea St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Baby

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Melvin Hawkins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Celena Sims

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

17. INFORMANT Mother

(Address) 757 Lorea St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date March 25, 1935

19. UNDERTAKER Elwyn Gibson

(Address) 1000 Bentley ave

FILED ... 20 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from March ..., 1935, to March 22, 1935

I last saw h[illegible] alive on March 22, 1935 Death is said to have occurred on the date stated above, at 8.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Subac
Empyema	3/20/35
	own

Other contributory causes of importance:

Name of operation Intercostal Stab Date of 3/4/35

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Sabina M. D.

(Address) Lyderkam Hospital

Instructions on back of certificate. See

M. D. B. 1966-9

F 10938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10938

CERTIFICATE OF DEATH

182

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found in Harbor

CITY OF BALTIMORE: (No. Foot Scott Pier St. 12 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Phillip Rosenko

(a) Residence: No. 12 E Yank St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Rosenko
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles B. Kuchaunkus
(Address) 637 S Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Burgoyne's Cemetery Date March 23, 19 35

19. UNDERTAKER Chas B. Kuchaunkus
(Address) 637 S Paca St.

20. FILED ..... 19 ..... Mar 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Jan 6th, 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	
Found	

Other contributory causes of importance:

Missing Since Feb 2-35	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury Fell from wharf

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James M Fenton M. D.
Coroner

(Address) 1006 E Chase

M. D. R 126 F 10939 ✓ F 10939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N.Fulton Ave St., 70 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Capt.William H.Van Dyke,

(a) Residence: No. 540 N.Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Smith Van Dyke,

6. DATE OF BIRTH (month, day, year) July 19.1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Steam

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat Captian

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co.Md.

FATHER

13. NAME Jzmes M.VanDyke,

14. BIRTHPLACE (city or town) (State or country) Kent Co.Md.

MOTHER

15. MAIDEN NAME Olivia C.Moore,

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT C.H.Roland

(Address) 806 Mc Kean Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date MAR 25 1935

19. UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave

20. FILED MAR 23 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. - 3. 1935 to Mch. 22 1935

I last saw h[illegible] alive on 3-22 . 1935 Death is said to have occurred on the date stated above, at 12.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Heart.	1.1.35
Arterio Sclerosis	1yr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Malcolm L Stork M. D.

(Address) 806 N Fulton Ave

M. D. B. 1268-9

10940 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 10940

CERTIFICATE OF DEATH

909-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 10 Ward)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Bond Jr.

(a) Residence: No. 721 Mura St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) June 19, 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME George E. Bond Sr.

14. BIRTHPLACE (city or town) W. Va. (State or country)

MOTHER

15. MAIDEN NAME Margaret F. Tomaka

16. BIRTHPLACE (city or town) Baltimore (State or country) Penn.

17. INFORMANT Mrs. Margaret F. Bond

(Address) 721 Mura St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 25, 1935

19. UNDERTAKER Edgar N. Conklin

(Address) 524 Eastern Ave. Baltimore, Md.

20. FILED MAR 23 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:10 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock Hemorrhage	Mar 23/3
Right leg cut of above knee.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Injury Mar 23/3

Where did injury occur? Baltimore. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Run over by street car.

Nature of injury Greenmount ave nr Biddle

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. B. 1268-9

E 10941

10941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 E. Chase St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph V. Donahue

(a) Residence: No. 807 E Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 8 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race track

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Donahue

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Annie Buckley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Donahue
(Address) 807 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 25. 1935

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1934 to March 22 1935

I last saw him alive on March 22, 1935. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonalis	3

Other contributory causes of importance:
Asthenia

Name of operation. ... Date of ...

What test confirmed diagnosis? Biopsy Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. McCarter, M. D.

(Address) 114 Hartford Ave

See instructions on back of certificate.

F 10942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10942

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. East Avenue St., 76 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John S. Burkins

(a) Residence: No. 811 S. East Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan A. Burkins

6. DATE OF BIRTH (month, day, year) Aug. 16, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1924

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isacc Burkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Goldie Burkins
(Address) 811 S. East Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date March 24 35

19. UNDERTAKER H. SANDER & SON, INC.
(Address) Baltimore & Broadway

MAR 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 18 1934 to Mch. 20 1935

I last saw him alive on Mch 20 1935 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	July 18/34.
Cerebral Hemorrhage	Mch. 14/35
Pulmonary Edema	Mch. 20/35.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry B. Athey, M. D.

3/21/35 (Address) 2504 St. Paul St.

Burial Permit

M. D. B 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

10943 10943

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Geo. Middendorf

(a) Residence: No. 3704 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Middendorf

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Middendorf

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Annie Middendorf

(Address) 302 S. Franklintown road

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date Mch 23rd, 1935

19. UNDERTAKER A. Jones

(Address) 111 S. Milton st

20. FILED ... 19...

MAR 23 1935 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Feller, M. D.

(Address) 2789 Eastern Ave

M. D. B 1269-9

10944

HEALTH DEPARTMENT—CITY OF BALTIMORE

10944

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secour Hospital St., (Ward) 19

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret B. Murphy

(a) Residence: No. 1 So. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 5-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil County Maryland

FATHER

13. NAME Charles A. Murphy

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Bridget Breedland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles A. Murphy

(Address) 1 So. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Cem Date 3/25/ 1935

19. UNDERTAKER John A. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar

MAR 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22-35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on Injury 19 ..... Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar. 21 1935.

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Injury Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Jeff L. Valentine M. D.
Coroner

(Address) 1 So. Fulton Ave

Spec. 2-20-28 1-m S.—500 Bks.

F 10945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10945

CERTIFICATE OF DEATH

47-a

REGISTERED NO.

1—PLACE OF DEATH 1822 Oliver

CITY OF BALTIMORE: (No. ..... ST., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Schaub

(a) RESIDENCE NO. 1822 E Oliver ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 16 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	8	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 03

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad Worker

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frederick Schaub

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Zittle

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Jacob Schaub

(Address) 10 E Franklintown Rd

15 Filed MAR 23 1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22-35

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1935, to 3-22, 1935, that I last saw him alive on 3/22, 1935, and that death occurred, on the date stated above, at 10 17 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Larynx

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary) Myocardial degeneration

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Gross Signs

(Signed) David Miller, M. D.

3/27/1935 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rd Western

DATE OF BURIAL Mar 25 19 35

20 UNDERTAKER Chas N Kehoe

ADDRESS 230 Edmondson

M. D. B. 1268-9

F 10946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10946

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

Length of residence in city or town where death occurred 8/12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Casey

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Pat Casey

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvert Cem. Date March 25, 1935

19. UNDERTAKER Robt. H. & B. M. Waters
(Address) 215 S. Fremont Ave. Huntington Park, Calif.

20. FILED 23 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1931 to March 21, 1935.
I last saw him alive on March 21, 1935 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8 days

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10947

✓ x 210-F

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Joseph Fagan

(a) Residence: No. Florida Rd (Usual place of abode) St., Randallstown, Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Feb. 12, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Randallstown, Md Balto. Md

FATHER

13. NAME Wm A. Fagan

14. BIRTHPLACE (city or town) (State or country) Hastings, Pa.

MOTHER

15. MAIDEN NAME Leah Entwistle

16. BIRTHPLACE (city or town) (State or country) Barrows bore, Pa

17. INFORMANT Wm A Fagan (Address) Florida Rd, Randallstown Md

18. BURIAL, CREMATION, OR REMOVAL Place Barneboro, Pa Date 8 | 25 | 35

19. UNDERTAKER Henry Gilbert & Son (Address) 2503 Edmondson Ave Pennington Pennsylvania

20. FILED 8-25-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 02 Noon

The principal cause of death and related causes of importance were as follows:

Fractured Skull. — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3 | 22. 1935

Where did injury occur? Florida Ave nr. Liberty Hts Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Fell out of seat of ice truck while it was in motion

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2203 E Madison St

M. D. B. 1268-9

F 10948 F 10948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x V 121

1. PLACE OF DEATH Hospital For the Women of Maryland Registered No.

CITY OF BALTIMORE: (No. John & Lafayette St., PK Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Millicent Archer Silver

(a) Residence: No. Darlington St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 20 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Mr. F. S. Silver

14. BIRTHPLACE (city or town) (State or country) Darlington Md

MOTHER

15. MAIDEN NAME Mrs Daisy Elliott Mrs Francine Silver

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. Francis D. Silver

(Address) Darlington - Md.

18. BURIAL, CREMATION, OR REMOVAL Place Darlington Md. Date Mar. 24. 35

19. UNDERTAKER Wm. Pickner Sons

(Address) Bottle Praves.

20. FILED 23 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1935 to Mar 22 1935

I last saw her alive on Mar 22 1935 Death is said to have occurred on the date stated above, at 4.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Peritonitis Type III.	Mar 15

Other contributory causes of importance:

Name of operation Appendectomy & drainage Date of Mar 19

What test confirmed diagnosis? yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Beverley C Compton M. D.

(Address) Woodens Hosp.

M. D. P. 120-9 F 10949

F 10949

29/145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-C

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Amos

(a) Residence: No. 180 Plymouth St., Ward. Pittsburgh Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L Amos

6. DATE OF BIRTH (month, day, year) Aug 30, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Mathew Boone

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Gould

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Private

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Mar 25, 1935

19. UNDERTAKER Harry H Amos & Son

(Address) 4204 Reisterstown Ave

20. FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21 1935 to March 22 1935

I last saw her alive on March 21 1935 Death is said to have occurred on the date stated above, at 12 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3/19/35
Arteriosclerosis	

Other contributory causes of importance:

Chronic Myocarditis	1926
Trigeminus neuralgia	1925

Surgical

Name of operation Section of N. V. Date of 3/22/35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S S Rafford M. D.

(Address) The Johns Hopkins Hospital

5/7 1935

5/7 1935

F 10950

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

10950

CERTIFICATE OF DEATH

Registered No. ✓ X 107-W

1. PLACE OF DEATH St. Agnes Hospital.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hilkens & Caton Ave. Ward Yard)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth 52 yrs. mos. ds.

2. FULL NAME Brother Boniface Steyer C.SS.R. (Phil. Steyer)

(a) Residence: No. St. Mary's College, St. Alphonsus Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. St. Mary's College

10. Date deceased last worked at this occupation (month and year) 3/10/35

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Fr. Edward Driesch
St. Mary's College, Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Cem. 3-26 1935
Place St. Mary's College Date

19. UNDERTAKER Easton Sons
Address Baltimore City

20. FILED 3-26-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1935 to 3-23 1935

I last saw him alive on 3-23- 1935 Death is said to have occurred on the date stated above, at 1.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3-12-35

Other contributory causes of importance:

Coronary Sclerosis
Cardiac Hypertrophy

Name of operation Date of

What test confirmed diagnosis? Clue. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert F. Healy M. D.

(Address) St. Agnes Hospital

M. D. R. 1268-9

F 10951

10951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ROGER MELDROM

(a) Residence: No. ELLICOTT CITY St., MD. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) NOV. 18, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME George Meldrom

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eva Clark

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT George Meldrom
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
Place Ellis Cem. Date 3-24 1935

19. UNDERTAKER Easton Sons & Cole
(Address) Huntington Millicaw, MD.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-11 1935 to 3-21 1935

I last saw him alive on 3-21 1935 Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA (RT)	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. Savage, M. D.

(Address) Ellicott City, Md.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. F. 1268-9

F 10952

F 10732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

VX 157-a

n lung

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Glenn

(a) Residence: No. 430 Vanderbilt Ave St., ... Ward. Biltmore N. C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Child

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 9, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME J. Frazier Glenn

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Mary Louise Colburn

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Asheville N-C Date Mar 23, 1935

19. UNDERTAKER John O - Mitchell Son Inc (Address) 1900 Eutaw Place

20. FILED MAR 23 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 23 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1935 to Mar 23 1935

I last saw her alive on March 23, 1935 Death is said to have occurred on the date stated above, at 1.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	1934
	none
Other contributory causes of importance:	

Name of operation Choroidplexectomy Date of 3-22-35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul A. Kimball, M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10953

HEALTH DEPARTMENT—CITY OF BALTIMORE

10953

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2035 Mura St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace M. Peterson

(a) Residence: No. 2035 Mura St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced (or) WIFE of John Peterson

6. DATE OF BIRTH (month, day, year) July 28. 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ruby

FATHER

13. NAME Robert Schreiber

14. BIRTHPLACE (city or town) (State or country) Balti

MOTHER

15. MAIDEN NAME Georgiana Jones

16. BIRTHPLACE (city or town) (State or country) Balti

17. INFORMANT Wm Peterson

(Address) 2035 Mura

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Mar 25th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 24 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) ... 19

22. I HEREBY CERTIFY, That I attended deceased from March 2 19 35, to ... 19 ...

I last saw her alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	5 Days
Pneumonia	
Other contributory causes of importance:	
Emphysema	2 wks

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward Wood M. D.

(Address) 413 N. Howard St

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of

V. S. 3

M. D. B. 1268-9

F 10954

10954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 48

CITY OF BALTIMORE: (No.) ..... St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Feher

(a) Residence: No. 2816 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: George Feher

6. DATE OF BIRTH (month, day, year): Feb. 8, 1907

7. AGE: Years: 28 | Months: 1 | Days: 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Casper Kues

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Josephine Zehrer

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Date: 3/26/ 19 35

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27 1934 to March 22 1935

I last saw her alive on March 22 1935 Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix uteri	one year
Other contributory causes of importance: Broncho-pneumonia	3/21/35

Name of operation: None Date of:

What test confirmed diagnosis: Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel H. Grant M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

0955/810

STATE OF MARYLAND—CERTIFICATE OF DEATH

49-aF 10955

1. PLACE OF DEATH

County ... Registration Dist. No. ...

Village or City Baltimore Md. No. 109 N. Callington St. 6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 76 yrs. ... mos. ... ds.

2. FULL NAME Sonia Rosenkoff

(a) Residence: No. 109 N. Callington St., Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Rosenkoff

6. DATE OF BIRTH (month, day, and year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife 0039

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Boris Snyder

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Rosenkoff (Address) 109 N. Callington St. City

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship 3/24, 1935

19. UNDERTAKER Lock Lewis & Doe (Address) 1437 E. Baltimore St.

20. FILED 3/24, 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 22 (Month) (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1934, to March 21, 1935

I last saw her alive on March 21, 1935; death is said to have occurred on the date stated above, at ... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of the ovaries	June 1

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lawrence Lobb Lewis M.D.

(Address) 1810 Eutaw Pl.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

...TION is very important. See instructions on back of certificate. Exact statement of OCCUPA... ...ay be properly classified.

M. D. B. 1268-9

E 10956

HEALTH DEPARTMENT—CITY OF BALTIMORE

10956

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 17 Ward)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Price

(a) Residence: No. 1128 Etting, Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) March 31, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 0004

10. Date deceased last worked at this occupation (month and year) 10-1-34

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Alfred Price

14. BIRTHPLACE (city or town) (State or country) Frederick, Maryland.

MOTHER

15. MAIDEN NAME Frances Evans

16. BIRTHPLACE (city or town) (State or country) Winchester, Virginia.

17. INFORMANT U.S. Marine Hospital Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 3/25/35 19

19. UNDERTAKER Geo. L. Hollan & Son
(Address) 1211 Druid Hill Ave

20. FILED 3-24-1935 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1935

22. I HEREBY CERTIFY. That I attended deceased from October 1, 1934 to March 21 1935

I last saw him alive on March 21 1935 Death is said to have occurred on the date stated above, at 8:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, moderately advanced, bilateral	unknown

Other contributory causes of importance:

none

Name of operation -- Date of --

What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) W. H. Gordon M. D.

(Address) U. S. Marine Hospital, Balto. Md.

M. D. B. 1268-9

F 10957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10957

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Park ave St., 11 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lula Burns

(a) Residence: No. 1012 Park ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) July 25. 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	7	26 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shelby N. C.

FATHER

13. NAME Watt Robert

14. BIRTHPLACE (city or town) (State or country) Shelby N. C.

MOTHER

15. MAIDEN NAME Hannah Miller

16. BIRTHPLACE (city or town) (State or country) Shelby N. C.

17. INFORMANT Thomas Burns
(Address) 1012 Park ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3/24/35 19

19. UNDERTAKER Mrs. George A. Kelly
(Address) 1617 Division Ave

20. FILED ..... 19 ..... Registrar.

3-24-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935, to March 21 1935

I last saw her alive on March 21, 1935. Death is said to have occurred on the date stated above, at 4.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Indefinite
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. K. Gorsuch M. D.

(Address) 11 W. Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

F 10958

10958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1453 Woodall St. St., 24 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Helena Waranowicz

(a) Residence: No. 1453 Woodall St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wladyslaw Waranowicz

6. DATE OF BIRTH (month, day, year) March 21 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	✓	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6097

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank Waranowicz

(Address) 1453 Woodall St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date March 24 1935

19. UNDERTAKER Chas L Stevens

(Address) 1001 Fort Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8 1935 to March 23 1935

I last saw h. alive on March 22 1935. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 mos
Other contributory causes of importance Pneumonia + Bronchitis	1 mo.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Wheeler M. D.

(Address) 1279 Hillman St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10959

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Haubert St. St., 24 Ward)

Length of residence in city or town where death occurred 29 yrs. ----- mos. ----- ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Schultz.

(a) Residence: No. 1116 Haubert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (xxxxxxxxx) Elizabeth Schultz.

6. DATE OF BIRTH (month, day, year) November 2, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Do not know

17. INFORMANT Elizabeth Schultz. (wife)
(Address) 1116 Haubert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date March 25 1935

19. UNDERTAKER Chas. L. Sivers
(Address) 501 E Fort Ave

20. FILED 3-24-1935 Stanley Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. TIME OF DEATH (month, day, year) Missing Feb. 2, 1935 found Mch 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Accidental fall from a Pier.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/2/35. 19.....

Where did injury occur? E. of O. H. R. Pier
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell from a pier

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto H. Reinhardt, M. D.
Coroner

3/23/35 Address 1017 E. Charles St.

M. D. P. 1268-9

F 10960

10960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Roland Ave St., 13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Swam

(a) Residence: No. 3505 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Swam

6. DATE OF BIRTH (month, day, year) April 23, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76.	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Jacob Swam

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Johanna Hoffman

16. BIRTHPLACE (city or town) (State or country) Wmd

17. INFORMANT Harold Swam
(Address) 3505 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Tabor, Belto to md Date March 25, 1935

19. UNDERTAKER Chenoweth Son
(Address) 3615-17 Edmondson Ave

Registrar.

MAR 24 1935

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) march 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18th, 1935 to March 22nd, 1935

I last saw him alive on March 21st, 1935 Death is said to have occurred on the date stated above, at 4.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Broncho-pneumonia	March 20th
(2) Following Influenza	

Other contributory causes of importance:

Senile Atrophy, Lowered Resistance

Name of operation None Date of

What test confirmed diagnosis? Clinical & Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Friedrich M. D.

(Address) 361 N Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 10961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10961

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001 W 38th St St., 13 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Jane Bossom

(a) Residence: No. 1001 W 38th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham Bossom

6. DATE OF BIRTH (month, day, year) Feb 12, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mrs Clarence E. Cole.
(Address) 1001 W 38th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date March 25. 1935

19. UNDERTAKER Ehrenwalton.
(Address) 3615 Edmondson Ave

20. FILED 24 1935 Hunting for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1934 to March 23 1935

I last saw her alive on March 23. 1935 Death is said to have occurred on the date stated above, at 5:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	Nov. 20 '34
Other contributory causes of importance:	
Cerebral Haemorrhage	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Anderson M. D.
(Address) 112 N. Paca St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

10962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 10962

CERTIFICATE OF DEATH

125-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 W 33rd St St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret M. Shipley.

(a) Residence: No. 806 W 33rd St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 17 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Andrew J. Shipley

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Martha Moore

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Ida Shipley

(Address) 806 W 33rd St

18. BURIAL, CREMATION, OR REMOVAL

St Mary's Hampden Date March 25 1935

19. UNDERTAKER Thompson & Son.

(Address) 3615 Chestnut Ave

20. FILED MAR 24 1935 Harrington Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1935 to Mar 23, 1935

I last saw her alive on Mar 23, 1935 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Yellow atrophy of the Liver	Mar 2 1935
Probable Cirrhosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Arthur H. Noble, M. D.

(Address) 20 20 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 10963

10963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John N. Douglas.

(a) Residence: No. 1505 N. Chapel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Douglas.

6. DATE OF BIRTH (month, day, year) July 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James H. Douglas.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret A. Tutor.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Douglas.

(Address) 1505 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL.

St. Mary's Hampden Date Mar. 25 . 1935

19. UNDERTAKER Brinsfield Bros.

(Address) 3615-17 Eastern Ave

20. FILED Huntington Williams Registrar

3-26-1935 RFB

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/20 . 1935 to 3/21 . 1935

I last saw him alive on 3/21 . 1935 Death is said to have occurred on the date stated above, at 4.25 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis Uremia

Date of onset 5

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter . M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

10964 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 10964

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3305 Windsor Mill Rd. St., 15-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kane Tolson

(a) Residence: No. 3305 Windsor Mill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. William H. Tolson

6. DATE OF BIRTH (month, day, year) May 9, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WOD

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Frances Getty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robert J. Kane
(Address) 4306 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Mar. 25, 1935

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 24 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1935, to 3-22, 1935

I last saw h[illegible] alive on 3-22, 1935. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute bronchitis	
Pulmonary edema	

Other contributory causes of importance:

Arteriosclerosis	
Chronic Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James Brown, M. D.

(Address) 705 Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10965 (Schween) F 10965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH 143 Paloma. Registered No.

CITY OF BALTIMORE: (No. ..... St., 30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo Schween

(a) Residence: No. 143 Paloma ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Mar 9-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Geo Schween

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Emma Hartman

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT (Address) Geo Schween Sr. 143 Paloma Ave.

18. BURIAL, CREMATION, OR REMOVAL Western Cemetery Date 3/25/35 19

19. UNDERTAKER Geo Leimbacher (Address) 525 N Eutaw St

20. FILED ... 19 ... (Signature of Registrar) (Deputy)

24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23/35 0 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 9 . 1935 to March 23 . 1935

I last saw h-m alive on Mar 22 19 35 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-mature infant. 6½ mo. Gestation	
Other contributory causes of importance:	
Bronchio-pneumonia	1 Day

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clc Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19 ...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. T. Kyper M. D.

(Address) 3321 Federal ave.

V 53

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Cause of death in plain terms, so that it may be properly classified.

M. D. B. 1268-9

E 10966

10966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 N Decker Ave 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Katherine Uhl

(a) Residence: No. 622 N Decker Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John Uhl

6. DATE OF BIRTH (month, day, year) March 15-1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
80	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME George Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Uhl

(Address) 622 N. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place N. Mathews Cem. Mar-24 1935

19. UNDERTAKER John C. Miller

(Address) 2435 E. Oliver St

20. FILED Mar 24 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar-21- 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to March 21 1935

I last saw her alive on March 20 1935 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Capillary bronchitis	

Other contributory causes of importance:

Name of operation ✗ Date of

What test confirmed diagnosis? ✗ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✗ Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. M. Wright M. D.

(Address) 1016 S. Ellwood Ave.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

10967 ✓ F 10967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 E. 25th St., 17 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Handley

(a) Residence: No. 423 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael J. Handley

6. DATE OF BIRTH (month, day, year) April-4-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 37

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Hagans

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. L. Handley

(Address) 423 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Mar. 26 1935

19. UNDERTAKER J. A. F. Miller & Sons

(Address) 1300 Eastern Ave.

20. FILED Mar 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar-22-1935

22. I HEREBY CERTIFY, That I attended deceased from March 18 1935 to March 22 1935

I last saw h.e.r alive on March 22 1935 Death is said to have occurred on the date stated above, at 7-0 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency (Degeneration)	3/19/35
Cerebellar Hemorrhage	6 mos

Other contributory causes of importance:

Arteriosclerosis	6 mos
Myocarditis	6 mos

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Peake, M. D.

(Address) 532 E. 20th

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

VS 3

M. D. B 1768-9

10968 F 10968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 5 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James S. Richardson

(a) Residence: No. Locust Grove, Orange Co., Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie 1892

6. DATE OF BIRTH (month, day, year) July 10, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Orange Co., Va

FATHER

13. NAME Edwards E Richardson

14. BIRTHPLACE (city or town) (State or country) Madison Co., Va

MOTHER

15. MAIDEN NAME Mary R. Hisslack

16. BIRTHPLACE (city or town) (State or country) Reading Pa.

17. INFORMANT Mrs. Mary Swain (daughter)
(Address) Mortonville, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Domingo Cem Date March 24 1935

19. UNDERTAKER Wm J. Tolliver & Sons
(Address) Corner Northern Va Ave Harrison & Wilkinson Sts Arlington Va

20. FILED March 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accidental Date of injury 3/23. 1935

Where did injury occur? Washington Blvd nr. Laurel
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Luther stuck by an auto or

Nature of injury fell out of & by moving auto

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2108 E Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10969

161-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 E. 28th St. St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Ernest Wilhelm, Jr.

(a) Residence: No. 1612 E. 28th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 29, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George E. Wilhelm

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen E. Bouldin

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. G. E. Wilhelm

(Address) 1612 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date March 25 1935

19. UNDERTAKER Joseph B. Cook

(Address) 1003 W. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) March 22 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12 1935 to March 22 1935

I last saw him alive on March 22 1935 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Catarrhal Jaundice	3/10/35
Other contributory causes of importance: Infected Throat	3/6/35

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Malan C Bacon M. D.

(Address) 100 E. 20th St.

MEDICAL CERTIFICATE OF DEATH is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S.

M. D. B. 1268-9

10970

HEALTH DEPARTMENT—CITY OF BALTIMORE

10970

CERTIFICATE OF DEATH

95-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Wilkens Ave. St., 25 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Fritsch

(a) Residence: No. 3917 Wilkens Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Fritsch

6. DATE OF BIRTH (month, day, year) June 1, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bavaria Germany

FATHER

13. NAME Peter ?

14. BIRTHPLACE (city or town) (State or country) Bavaria Germany

MOTHER

15. MAIDEN NAME ? Weber

16. BIRTHPLACE (city or town) (State or country) Bavaria Germany

17. INFORMANT Mr. John Fritsch
(Address) 3917 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's, Violetsville March 25 1935

19. UNDERTAKER Joseph J. Cook
(Address) 1003 W. Baltimore St.

20. FILED 3-24 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18th 1935 to March 21st 1935
I last saw her alive on March 21st 1935. Death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation.	3-5-35
Anasarca.	

Other contributory causes of importance:

Secondary anemia	

Name of operation None Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~ 19 ...

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Harris G. Fine M. D.

(Address) 120 Aisquith St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 55-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Mumford

(a) Residence: No. Berlin Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Mumford

6. DATE OF BIRTH (month, day, year): Mar 6/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Farm 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Alfred Mumford

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mamie Downey

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Elizabeth Mumford Berlin Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Evergreen Cem Berlin Md Date: 3/26/35

19. UNDERTAKER (Address): Burbage & W. Berlin Md

20. FILED: Hunting Williams, Registrar.

24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21. 1935. to Mar. 23. 1935.

I last saw him alive on Mar. 23. 1935. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor on Medulla Oblongata.	about June 1934

Other contributory causes of importance:

Name of operation Excision Date of 3/23

What test confirmed diagnosis Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Goldstone, M. D.

(Address) University Hospt.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

10972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10972

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Barclay St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm H McNicholas

(a) Residence: No. 1820 Barclay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mollie C. Price

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Disabled Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00 30

12. BIRTHPLACE (city or town) (State or country) Texas Balto Co

FATHER

13. NAME Richard McN. Nicholas

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Muskel

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mollie McN. Nicholas

(Address) 1820 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date March 20 1935

19. UNDERTAKER Mary Mc Medefield

(Address) 901 E 22nd St

20. FILED MAR 24 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 13th 1934 to Mar. 23rd 1935

I last saw h[illegible] alive on Mar. 22nd 1935 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Nov 1934
	ave
Other contributory causes of importance:	
Diabetes	?

Name of operation — Date of —

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas George McL M. D.

(Address) 461 E 25th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 3

M. D. P. 1268-9

2944 F 8 10973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10973

CERTIFICATE OF DEATH

x 59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. 15 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John B. Allen

(a) Residence: No. Woodbine Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/18/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jno Allen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Sivern

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery, Date Mar. 26, 1935

19. UNDERTAKER C. M. Glatz
(Address) Irvington, Md.

20. FILED MAR 25 1935 Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1935 to March 24, 1935

I last saw him alive on March 25, 1935. Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1933?
Diabetes mellitus	?

Other contributory causes of importance:

Pulmonary Embolism	3/10/35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Carmichael Sighinolfi, M. D.
(Address) Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 10971 ✓ F 10974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Catan St., 75 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sister Gertrude Mc Cleny

(a) Residence: No. St. Josephs College St., Ward Emmitsburg

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0165

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Mc Elroy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Brennan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date March, 19

19. UNDERTAKER Martin Fisher & Sons

(Address) 1827 W. North Ave.

20. FILED MAR 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1935 to 3-22, 1935

I last saw her alive on 3-22, 1935 Death is said to have occurred on the date stated above, at 5 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3-22-35
Generalized Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy, M. D.

(Address) St. Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 10975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 10975

108 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (St.) 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Cunningham

(a) Residence: No. 821 N. Bank St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W B & A 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Michael Cunningham

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Eliza Tyler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Brother W. H. Cunningham

(Address) 821 N. Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 27th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Reg. Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-22 1935 to 3-24 1935

I last saw h[im] alive on 3-24 1935 Death is said to have occurred on the date stated above, at 8:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	7 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state EXACTLY.

V S 3

FEB 25 1935

M. D. P. 1268-9 F 10976 ✓ F 10976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Shipley

(a) Residence: No. 406 Normandy Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Brownlee (2nd Wife)

6. DATE OF BIRTH (month, day, year) Feb 18, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

FATHER

13. NAME F. G. Shipley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date 3/26, 1935

19. UNDERTAKER Frazer & Metz Co

(Address) 41016 Emmanson Ave

20. FILED MAR 25 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1935 to March 23, 1935

I last saw him alive on March 23, 1935 Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Cirrhosis of the Liver	?
	8 yrs
Other contributory causes of importance: Chronic Nephritis Uremia	2 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John F. Barnes M. D.

(Address) Maryland General Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

E 10977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. 10977

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton aves. Ward) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Jane Luh

(a) Residence: No. 1712 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Albert A. Luh

14. BIRTHPLACE (city or town) (State or country) Ex-Va. Md

MOTHER

15. MAIDEN NAME Hattie E. Schoenberger

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Albert A. Luh

(Address) 1712 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 3/25/35

19. UNDERTAKER Harry A. Fritzler

(Address) 4101 Edmondson Ave

DATE RECEIVED MAR 25 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21- , 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935 to March 21, 1935

I last saw her alive on March 21, 1935 Death is said to have occurred on the date stated above, at 10 50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uri. tumulor abscess	3-17-35
Other contributory causes of importance:	
Secondary Hemorrhage	3-21-35

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert F. Healy, M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

F 10978

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10978

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Pupkewicz

(a) Residence: No. 2317 Annapolis Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherina Pupkewicz

6. DATE OF BIRTH (month, day, year) August 10, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse dlr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Josephine Walenski
(Address) 2317 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 3/27/35

19. UNDERTAKER Thos F. Kunkle
(Address) 1101 Edmondson Ave

20. FILED 3/25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1935, to 3/25, 1935.

I last saw he was alive on 3/25, 1935. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Special Nursing	NYN

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) C/o Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. F. 1268-2

F 10973

F 10973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 E. 34th St. St., 9 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Randolph Jones

(a) Residence: No. 609 E. 34th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Aimee H. Jones (nee Higgins)

6. DATE OF BIRTH (month, day, year) June 2, 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baggage Builder

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie Eidler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. R. Jones
(Address) 609 E. 34th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 25/35

19. UNDERTAKER Harry E. Lurate
(Address) 101 Edmondson Ave.

MAR 25 1935 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 1935 to Mar 23 1935
I last saw h alive on March 23, 1935 Death is said to have occurred on the date stated above, at 12-15P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Autointoxication	3
Exhaustion	1

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. B. Campbell M. D.

(Address) 1644 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 10980 ✓ F 14860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 9 Ward)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marten R Jones

(a) Residence: No. 519 Gorsuch Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche M. Jones nee Cook

6. DATE OF BIRTH (month, day, year) Feb 5, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House 0050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt. Md.

FATHER

13. NAME Geo. Jones

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT Mrs. Blanche M. Jones

(Address) 519 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 3/27, 1935

19. UNDERTAKER Harry J. Metzger

(Address) 410 Edmondson Ave

20. FILED ..... 19..... .....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 14, 1935, to March 23, 1935.

I last saw him alive on March 23, 1935. Death is said to have occurred on the date stated above, at 12 NOON

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aplastic Anemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel J Schwartz M. D.

(Address) Sinai Hospital

USE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1248-9 F 10981

F 10981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry C Krebs.

(a) Residence: No. Freeland, Balto County St., Md Ward. R.D.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Alban Krebs.

6. DATE OF BIRTH (month, day, year) Mar. 12-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	—	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm. 0040

10. Date deceased last worked at this occupation (month and year) 3/35

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) York Co Pa

FATHER

13. NAME John L Krebs.

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Lucie Shaffer.

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. Harry C Krebs

(Address) Freeland Md.

18. BURIAL, CREMATION, OR REMOVAL Middletown Cemetery Mar 27 1935

Place Baltimore Md. Date

19. UNDERTAKER Paul M Hartenstein

(Address) New Freedom Pa

20. FILED ....., 19.... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25- 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-24-35, 19 ..., to 3-25 35, 19 ...

I last saw him alive on 3-25-35, 19 ... Death is said to have occurred on the date stated above, at 5:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured acute appendicitis,	3-18-35
Generalized Peritonitis.	
Toxemia	

Other contributory causes of importance:

Name of operation Incision & Drainage Date of 3-24-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Fenno, M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B. 12-49 F 10982

F 10982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. 153

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1653 N. Smallwood St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Schulman

(a) Residence: No. 1653 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ray Schulman

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor (mens clothing)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) 5 yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME M. Schulman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Ray Schulman
(Address) 1653 N. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Blvd Date March 29 1935

19. UNDERTAKER S. Lerman Bro
(Address) 1127 E. Baltimore St

20. FILED 19 Registrar

MAR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1935 to March 24, 1935

I last saw him alive on March 24, 1935 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	5 yrs
Pyelonephritis	5 mos

Other contributory causes of importance: Uremia — 2 days

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Kader M. D.

(Address) 2306 Eutaw pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-B 3

M. D. B. 1265 F 10983 ✓ F 10983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Hollins St., 19 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Warren E Stearns

(a) Residence: No. 1618 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda J. Stearns

6. DATE OF BIRTH (month, day, year) Aug. 1. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. 007-3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME George Stearns.

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Elmira Lanabee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mable Cox.

(Address) 1618 Hollins Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date 3. 26. 35 19

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March. 22 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 2 1935 to March 22 1935

I last saw him alive on March 21 1935. Death is said to have occurred on the date stated above, at 9. A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/22/35

Other contributory causes of importance:

Arterio-Sclerosis	1932

Name of operation None Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill M. D.

3/23/35 (Address) 108 N Eutaw Ave

S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 10984

Spec.-7-11-26-4 Co.-200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10984

CERTIFICATE OF DEATH

108

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1020 Rutland Ave St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Williams Jones

(a) RESIDENCE NO. 1020 Rutland Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
m	c	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jones.

6 DATE OF BIRTH (month, day, and year) April 22nd 1894 Clarksville Va.

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
40 41	11	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0040

(b) General nature of industry, business, or establishment in which employed (or employer) Laborer

(c) Name of employer

9 BIRTHPLACE (city or town) Va

(State or country)

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (City or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Elizabeth Jones

(Address) 1020 Rutland Ave

15 Filed MAR 25 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-22 1935

17 I HEREBY CERTIFY, That I attended deceased from March 19 35 to March 22 19 35

that I last saw h. alive on March 22 19 35

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Anaemia & Cardiac

(duration) yrs. 2 mos ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) J. H. Hamburger, M. D.

, 19 (Address) 702 N Bell Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem. Date of Burial Mar 25 19 35

20 UNDERTAKER Wm. Robert A. Elliott ADDRESS 1129 Eastern

IMPORTANT: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1248-0 F 10985

F 10985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Catalpha Rd St., 27 Ward)

Length of residence in city or town where death occurred 84 yrs. 7 mos. 22 ds. How long in U. S. If of foreign birth 84 yrs. 7 mos. 22 ds.

2. FULL NAME Eleanor Stewart Bacon

(a) Residence: No. 5312 Catalpha Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William Martin Bacon

6. DATE OF BIRTH (month, day, year) July 30-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland.

FATHER

13. NAME Charles Stewart

14. BIRTHPLACE (city or town) (State or country) Balto Co Maryland

MOTHER

15. MAIDEN NAME Eleanor Bacon

16. BIRTHPLACE (city or town) (State or country) Balto Co. Maryland.

17. INFORMANT Mrs Geo Stell - (daughter)
(Address) 2554 W Lanvale Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 25 1935

19. UNDERTAKER Stewart & Mowatt Co.
(Address) 108 W Lanvale Ave.

20. FILED ..... 19 ..... Registrar

MAR 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25 1934 to March 22. 1935

Last saw h[illegible] alive on March 21. 1935 Death is said to have occurred on the date stated above, at 3:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senilitis	
Myocardial Insufficiency	1930.
Other contributory causes of importance:	
Bronchopneumonia	3-20-35

Name of operation None. Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. Penn Hildebrandt M. D.

(Address) 133 E 20th St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12659 F 10986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10986

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Hoffett Ave St. 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emory N. Lyons

(a) Residence: No. 415 Hoffett Ave St., Ward. Forest Park

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Lyons

6. DATE OF BIRTH (month, day, year) Apr. 22-1880.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomsberg Pa.

FATHER

13. NAME Bryson Lyons

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Ida M. Lyons

(Address) 415 Hoffett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Mar 25 1935

19. UNDERTAKER F. B. Shepherd & Son

(Address) 1300 Eutaw Place

20. FILED ..... Registrar.

MAR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-21-35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on Inquiry ..., 19... Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Mar. 21 '35
Other contributory causes of importance:	
Arteriosclerosis	"

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Valentine M. D. Coroner

(Address) 11 Court Broadway

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

F 10987 ✓ F 10987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 183

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Pier 8 Locust Point St., 24 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

En route

2. FULL NAME Frank Kearns.

(a) Residence: No. Manchester, N. H. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
29	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water tender 0256

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Henry S. Grove.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester, N.H.

FATHER

13. NAME Do not know

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet. Date 3/25/35 19

19. UNDERTAKER Bernard C. Haile
(Address) 1000 S Paca St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 6, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Accidental fall from Pier 8 Locust Point.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/6/35 19...

Where did injury occur? Pier 8 Locust Point
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell from a wharf.

Nature of injury Drowning. Not injured

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

3/23/35 Address 1017 E. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 2

M. D. B 1268-9

F 10988 ✓ F 10988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 7

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Klima

(a) Residence: No. 2514 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17	17	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME JOseph Klima

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Smrha

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

17. INFORMANT Mary Klima
(Address) 2514 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 27 1935

19. UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7:09 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia	

Other contributory causes of importance:
Fract of 4th & 5th Cervical Vertebrae accidental

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury July 19 34

Where did injury occur? Shore. Balto Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Dived overboard

Nature of injury Fract of Neck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. F. Herzog M.D. M. D.
Coroner

(Address) 1355 N Patterson Park

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should

Use

M. D. B. 1288-9 F 10989 ✓ F 10989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave. Ward) 16

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Sams

(a) Residence: No. Aged men & women's Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Washington D C

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rev Driggs
(Address) 822 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 3-25 1933

19. UNDERTAKER James A. Handley
(Address) 225 N Bradford Ave

20. FILED MAR 28 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1933 to March 23, 1933

I last saw h alive on March 23 1933 Death is said to have occurred on the date stated above, at 2.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's Disease	[illegible]
Arterio sclerosis	[illegible]

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edw. J. Shelley M. D.
(Address) 1230 Druid Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1-49 F 10990

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10990

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals + TBc — Registered No.

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME RANDOLPH (LOVER) Spriggs

(a) Residence: No. 3 S. Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-25-86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Liberty, Md

MOTHER

15. MAIDEN NAME Sarah Brown

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem. Date 3/26 . 1935

19. UNDERTAKER Francis A. Kemsley
(Address) 572 W. Biddle St

20. FILED ..... 19.. Registrar.

MAR 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19 1934 to March 23 . 1935

I last saw him alive on March 23 . 1935 Death is said to have occurred on the date stated above, at 11.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Meyer W. Jacobson M. D.
(Address) Balto City Hospitals

V 9 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

M. D. P. 1258-9

F 10931

✓ F 10931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 Bruce St. St., 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Williams

(a) Residence: No. 707 Bruce St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	C. of	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Williams

6. DATE OF BIRTH (month, day, year) Nov. 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 0 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John Henson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Allen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alexander Williams.

(Address) 707 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 3/25/ 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9 1935 to March 21 1935

I last saw her alive on March 21 1935. Death is said to have occurred on the date stated above, at 3:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumia	3/9 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Lauder M. D.

(Address) 1727 Eutaw Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

V. S. 2

M. D. B. 1268-0

F 10992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10992

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3422 Toone St. 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E Dunn

(a) Residence: No. 3422 Toone St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~of~~ (or) WIFE of Leslie W Dunn

6. DATE OF BIRTH (month, day, year) Aug 20 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James A Nash

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Clara V Thomas

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr Leslie W Dunn

(Address) 3422 Toone St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Mar 26 1935

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) [illegible] M. D.

(Address) 1305 N Eutaw St Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1262-5 F 10993 F 10993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Marie Redmond

(a) Residence: No. 451 Pitman Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Philip H. Redmond

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Pearl G. Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Pearl G. Redmond

(Address) 451 Pitman

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Md Date Mar 25 1935

19. UNDERTAKER W. J. Tschudy Sons

(Address) No Pa

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11 1935 to March 23 1935.

I last saw h.. alive on March 23 1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic cardiovascular disease	
Mitral stenosis and insufficiency	
Acute fibrinous pericarditis with effusion	3.16.35
Cardiac insufficiency	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hurwitz M. D.

(Address) Sinai Hospital

V 5.3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-[illegible]250B F 10994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10994

CERTIFICATE OF DEATH

✓ 121

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Square Hosp. Ward) 13

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U.S. If of foreign birth? ...yrs.....mos.....ds.

2. FULL NAME James C. Morris Jr.

(a) Residence: No. 2871 Woodbrook Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Mar. 15, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	3	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James N. Morris

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Florence Jackson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr James N. Morris
(Address) 2871 Woodbrook Ave

18. BURIAL, CREMATION OR REMOVAL
Place Druid Ridge Date Mar 26 1935

19. UNDERTAKER 10 N. Pickrell Bros
(Address) Govans Md.

20. FILED MAR 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1935, to March 24, 1935

I last saw h... alive on March 24, 1935 death is said to have occurred on the date stated above, at 3^00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	3-19-35
Peritonitis	3-20-35
(Other contributory causes of importance:	

Name of operation Appendectomy Date of 3-19-35

What test confirmed diagnosis? Op. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. Hiver Mooren M. D.

(Address) Franklin Square Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 10995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10995

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Esther Nora Osborn

(a) Residence: No. Aberdeen Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 6 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 39	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Osborn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lavenia Rawhauser

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr C H Johnston

(Address) Aberdeen Md

18. BURIAL, CREMATION, OR REMOVAL

Place Graves Cemetery Aberdeen Md Date March 27 1935

19. UNDERTAKER John Jarvis

(Address) Aberdeen Md

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15 1935 to March 25 1935

I last saw h.. alive on March 25 1935. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	
uremia	Nov 1933

Other contributory causes of importance:

Name of operation decapsulation of kidney, bilateral Date of 3-24-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 10996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10996

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 93 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James F. Gauss

(a) Residence: No. 12 W. Randall St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E. Gauss

6. DATE OF BIRTH (month, day, year) Feb 1-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 929

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis (State or country) Maryland

FATHER

13. NAME William Gauss

14. BIRTHPLACE (city or town) Annapolis (State or country) Maryland

MOTHER

15. MAIDEN NAME Florence V. Finkle

16. BIRTHPLACE (city or town) Annapolis (State or country) Maryland

17. INFORMANT Emma E. Gauss

(Address) 12 W. Randall st.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date March 27 1935

19. UNDERTAKER E. Schloeman & Son

(Address) 1039 Monroe st

20. FILED ..... 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Injury 19..... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-Carditis	Mar. 23 1935

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Valentine M. D.

Coroner

(Address) 16 E. Lexington

V 55

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

F 10997

F 10997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1/31

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1421 Edmondson Ave St. 4 WARD)

2-FULL NAME Emma B Carr

(a) RESIDENCE NO. 1421 Edmondson Ave WARD Rowan N C

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Rowan N C

PARENTS

10 NAME OF FATHER Frank Neely

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C

12 MAIDEN NAME OF MOTHER Emma Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Rowan N C

14 Informant Roberta C. Palmer

(Address) 1421 Edmondson Ave

15 Filed ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23. 35

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1935 to March 23, 1935, that I last saw h alive on March 20, 1935, and that death occurred, on the date stated above, at 9:02 —

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Requested No

What test confirmed diagnosis? Symptoms

(Signed) W. F. Howell, M. D.

1935 Address 1601 Carroll Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hurston-Salem-N C

DATE OF BURIAL Mar 25 1935

ADDRESS 436 N. Bradford

20 UNDERTAKER Geo. A. Riddick

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 120 Rev. 1 10998

F 10998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mary Moynihan

(a) Residence: No. 226 Patapsco St., Ward Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	28	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet Mill 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Moynihan

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem. Date 3/27 19 35

19. UNDERTAKER Mrs. A. Fielding

(Address) Station O Dundalk

20. FILED .... 19.... .... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-35

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1934 to Mar 23 1935

I last saw her alive on Mar 23 1935 Death is said to have occurred on the date stated above, at 10:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerative Colitis	
Secondary Anemia.	
Perforation of Ulcer of Colon.	
Generalized Peritonitis.	

Other contributory causes of importance:

Entamoeba Coli, March 18-35

Name of operation Cecostomy - 1/2/35 Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) S. Smith M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD.

MAR 29 1935

M. D. B 1268-9

F 10999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 10999

CERTIFICATE OF DEATH

V 117-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St. 19 Ward)

Length of residence in city or town where death occurred ~~1~~ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche Madigan

(a) Residence: No. 405 S. Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) Jan 11/1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	62	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Husband
(Address) 405 S. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Cem. Date 3/27/35 19

19. UNDERTAKER Douglas Gallery
(Address) Eutaw & Lafayette

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Hemorrhage from duodenal ulcer	
Other contributory causes of importance: History of diabetes	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner . M. D.

(Address) 518 E. Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD.

vs 8

M. D. B 1268-9

F 11080 F 11000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3440 Rosewood Ave, 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion G. Sanders

(a) Residence: No. 3440 Rosewood ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Sanders

6. DATE OF BIRTH (month, day, year) Sept - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	34	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Joseph Haber

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Nellie Benet

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT George Sanders

(Address) 3440 Rosewood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov. 27. 1935

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 7038 Wolfe st.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas asphixiation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 8/24/35

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home. 2 burners of gas range

Manner of injury on in kitchenette

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Carter, M. D.

(Address) 508 E North ave Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 11001

M. D. [illegible]

F 11001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-D

Registered No. 6

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., BALTIMORE, MD. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Hagengast

(a) Residence: No. 211 N. Patterson Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME George Hagengast
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Mary König
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Hagengast Sister
(Address) 211 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date March 27 1935

19. UNDERTAKER Lilly & Zeiler Dye
(Address) 402 E. Wolfe St.

20. FILED MAR 25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21 1935 to March 24 1935
I last saw her alive on March 24 1935 Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of stomach	
2. Post anaesthesia	

Other contributory causes of importance:
1. Chronic myocardial degeneration.

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

See instructions on back of certificate.
OCCUPATION is very important.

M. D. B. 1968-9 F 11002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11002

CERTIFICATE OF DEATH

XV 210-M

1. PLACE OF DEATH: West Baltimore General Hospital

CITY OF BALTIMORE: (No. Fremont Ave. ~~corner Shirley~~ St., 116 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME: Fred Mc Shipley

(a) Residence: No. R.F.D. Sykesville, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year): April 27, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Freedom, Md.

FATHER

13. NAME: Brice M. Shipley

14. BIRTHPLACE (city or town) (State or country): Carrol Co., Md

MOTHER

15. MAIDEN NAME: Mary E. Duckbaugh

16. BIRTHPLACE (city or town) (State or country): Freedom, Md

17. INFORMANT (Address): Mary Shipley Sykesville, Md

18. BURIAL, CREMATION, OR REMOVAL: Place Protestant, East Date Mar. 28. 1935

19. UNDERTAKER (Address): C. M. Frailey Finksburg, Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	3/24/35
Other contributory causes of importance: Automobile Accident	3/24/35

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3.24. 1935

Where did injury occur? Liberty Hts Rd nr Edmondson Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving ran off road & upset

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph O'Konny M.D. M. D.
Coroner

(Address) 1002 E Madison St

Spec.—2-29-28—L. & S.—50M

F 11003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11003

59

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Cedar Croft Rd ST., 27 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William F Shultz

(a) RESIDENCE NO. 209 Cedar Croft Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Emma Shultz

6 DATE OF BIRTH (month, day, and year) Oct 20 - 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	5	5 3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Brush Maker

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 0686

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Frank Shultz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Emma Shultz

(Address) 209 Cedar Croft Rd

15 Filed 3-25-1935 Hunting [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 23/35

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933, to Mar 23, 1935, that I last saw h~~im~~ alive on Mar 22, 1935 and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Old age - Sen. arteriosclerosis

Coronary sclerosis.

Diabetic coma

(duration) yrs. 3 mos. ds.

Diabetes Mellitus.

CONTRIBUTORY (Secondary)

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ~~Yes~~ No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Lab

(Signed) Frank Schultz M. D.

3/26, 1935 (Address) 1219 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL Mar. 26 1935

20 UNDERTAKER Rita Riedefeld

ADDRESS 914 Fremont Ave

M. D. P. 1362-0 F 11004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11004

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 38 yrs. 5 mos. 12 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Robert Howard Smith Busick

(a) Residence: No. 3445 Harwell Ave. City Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Robert H. S. Busick

6. DATE OF BIRTH (month, day, year) Oct. 12, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore 0661

10. Date deceased last worked at this occupation (month and year) August, 1934

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Edward Busick

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Kathrine Auld

16. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

17. INFORMANT Sadie E. Busick

(Address) 3445 Harwell Ave.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery March 28, 1935

19. UNDERTAKER Frederick Keenan Sons

(Address) 1401 Cellar Ave.

20. FILED MAR 25 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1934 to March 24, 1935

I last saw him alive on March 24, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma.	1932 ?
Other contributory causes of importance: Secondary infection of operative wound.	3-14-35 (approx.)

Name of operation Resection of sternum Date of 3-12-35

What test confirmed diagnosis? Section of tumor 1 Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lanton Pinkstaff, M. D.

(Address) Un. Mem. Hosp.

M. D. B. 126 F 11005 F 11005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 Bouldin St. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Klass

(a) Residence: No. 1025 Bouldin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Klass

6. DATE OF BIRTH (month, day, year) July 10, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioned from

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co. Fireman

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Klass
(Address) 1025 Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Mar. 27 1935

19. UNDERTAKER Frederick Leuthold
(Address) 7401 Belair Road

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935, to March 23, 1935

I last saw him alive on March 23, 1935 Death is said to have occurred on the date stated above, at 12 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/6/35
Other contributory causes of importance:	
Cerebral Hemorrhage	3/6/35

Name of operation None Date of

What test confirmed diagnosis? Sym. & X. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos. A. Rosenblatt, M. D.

(Address) 3028 O'Donnell St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

V 8 3

M. D. B. 1269-9

F 11006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11006

CERTIFICATE OF DEATH

Registered No. V 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S Monroe St., W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles C. Nolan

(a) Residence: No. 2 S. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Carrie C Nolan

6. DATE OF BIRTH (month, day, year) Aug 26 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Special Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank 0056

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME Charles Nolan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Deen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Julia Nolan (Sister)
(Address) 72 S. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3 26 1935

19. UNDERTAKER Fred. H. Love & Son
(Address) 203-09 N. Fremont St.

20. FILED ... 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1935 to Mar 21 1935

I last saw h[illegible] alive on Mar 21 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency —	7.

Other contributory causes of importance:

Bronchial Asthma	2
& Nephritis.	2

Name of operation ... Date of ...

What test confirmed diagnosis Gumed. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) E Wells Hemmeter M. D.

3/25/35 (Address) 2000 Hollins St

Instructions on back of certificate.

M. D. B 1268-9 F 11007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11007

CERTIFICATE OF DEATH

X V 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital + Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 1 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME James Sands

(a) Residence: No. St. Johns Lane, Ellicott City, Md Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	col	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sally

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT F.C. Higinbotham
(Address) Ellicott City, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cokesbury Rd Date 3-28-, 19 35

19. UNDERTAKER [illegible]
(Address) Ellicott City

20. FILED MAR 25 1935, 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/25, 1935

Where did injury occur? Frederick Rd ½ mi W of Ellicott City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking along road

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Edmonds Coroner, M. D.

(Address) 2109 E. Monument St

M. D. F 1268-9 F 11008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11008

CERTIFICATE OF DEATH

207 M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Blottenberger.

(a) Residence: No. 1709 Olive St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXXX HUSBAND of (XXXXXXXX Catherine Blottenberger

6. DATE OF BIRTH (month, day, year) March 9, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.Co.Md.

FATHER

13. NAME Phillip Blottenberger

14. BIRTHPLACE (city or town) (State or country) Balto.Co.Md.

MOTHER

15. MAIDEN NAME Mary McCauley.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Catherine Blottenberger. (wife)
(Address) 1709 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oldan Hill Date March 26 1935

19. UNDERTAKER A. Howard Evans
(Address) 38 E. Fort Ave

20. FILED MAR 25 1935 19 E. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Struck by a B.& O.R.R. Engine.	
Accicental Death.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accicent Date of injury 3/23/35

Where did injury occur? B.& O.R.R. tracks
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Race st. near Barney. st

Manner of injury Struck by B.& O.R.R. Engine

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt M. D.
3/25/35 (Address) 1017 E. Charles st. Coroner

M. D. B. 1258-9 F 11009 F 11009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N Bond St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fountain Walker

(a) Residence: No. 803 N Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A. Walker

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer + Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Walker

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Margaret Hutton

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Mamie Johnson
(Address) 2606 Hollins Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 3/25 1935

19. UNDERTAKER Mrs Chas G. Bayley
(Address) 1421 Jefferson St

20. FILED MAR 25 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934 to March 21, 1935

I last saw him alive on March 18, 1935. Death is said to have occurred on the date stated above, at 3 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Sept 1934
Other contributory causes of importance: Bronchopneumonia Nephritis Generalized Anasarca	Sept 1934 Dec

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. E. Young M. D.

(Address) 1729 E Monument St

M. D. B. 1268-9 F 11010 ✓ F 11010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Mc. Henry St., 21 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. 6 ds. How long in U. S. If of foreign birth 37 yrs. ... mos. ... ds.

2. FULL NAME Paul P. Radanskas

(a) Residence: No. 723 Mc. Henry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Radanskas

6. DATE OF BIRTH (month, day, year) June 29 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Baltrus Radanskas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Apalonia Yanel

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mary Radanskas

(Address) 723 Mc. Henry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 27 1935

19. UNDERTAKER John Strobinskas

(Address) 423 S. Paca St.

20. FILED ... 19... Registrar.

25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1933 to March 23 1935

I last saw h[im] alive on March 23 1935 Death is said to have occurred on the date stated above, at 8a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1 da.
Other contributory causes of importance: Chronic Cardio-Vascular Renal Disease	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, specify ...

(Signed) Joseph B. Lankas M. D.

(Address) 673 Washington Blvd

M. D. B.—1668-9 F 11611

F 11611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Rutland Ave St., 8 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew M. Welsh

(a) Residence: No. 1802 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie B. Welsh

6. DATE OF BIRTH (month, day, year) June 6 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elec. Co 029

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alexander Welsh

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Beathia Muirhead

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Elsie B. Welsh
(Address) 1802 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pastures Date 3/25/35 19

19. UNDERTAKER Philip Stein & Son
(Address) 2016 Eastern Ave

20. FILED MAR 25 1935 19 Huntington Wil
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to March 22, 1935

I last saw h alive on March 22, 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 14

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1356-9 F 11012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11012

186-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on arrival at St. Joseph Hospital St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Francis Lyons

(a) Residence: No. 1628 Lansing Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 10/1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Thomas Lyons

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary A. Hefferman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Geo. E. Lyons (Son)
(Address) 1734 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Key Date Mar 27, 1935

19. UNDERTAKER Richard F. Duffy
(Address) 700 E. Monument

20. FILED ..... (Registrar)

MAR 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... before 6 A.M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull & broken neck.	3/24/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/24/35

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place found at foot of stairs 1st flo

Manner of injury Fell from 2nd floor.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner M. D.

(Address) 508 E Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1263-9

F 11013 HEALTH DEPARTMENT—CITY OF BALTIMORE 11013

CERTIFICATE OF DEATH

94-B Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Diedrich Diedrich

(a) Residence: No. 905 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	a Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Diedrich

6. DATE OF BIRTH (month, day, year) Unknown 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Seymour Phillips
(Address) Clarent Belcher

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Date 3/27/35

19. UNDERTAKER Edward Loudon
(Address) 2379 Wash Blvd

20. FILED MAR 25 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Inquiry 19.. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Mar 24 1935

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Vehslage M. D. Coroner

(Address) 16 Dr. Brownsway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 11014

F 11014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 N.Hilton St. St., 20 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Hallie McKew

(a) Residence: No. 334 N.Hilton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Luke A.McKew

6. DATE OF BIRTH (month, day, year) Jan.18,1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Churchhill (State or country) Queens Anne Co., Md.

FATHER

13. NAME Robert Oldsen

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Harriet Armstrong

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Jennie T.McKew

(Address) 334 N.Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 3/26/35

19. UNDERTAKER Leonard J.Ruck

(Address) 5305 Harford Road.

20. FILED MAR 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22/35

22. I HEREBY CERTIFY, That I attended deceased from Jan-1935 to March 22nd 1935

Last saw h alive on Mar. 22 1935 Death is said to have occurred on the date stated above, at 10 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of Age.	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. F. Maguire M. D.

(Address) 14 E. Read St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1209-9 **F 11015** ✓ **F. 11015**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Strehlein

(a) Residence: No. 1630 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: WIFE of (~~or HUSBAND of~~) Elizabeth Strehlein

6. DATE OF BIRTH (month, day, year) April 30 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Matthias

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Elizabeth A. Strehlein
(Address) 1630 Hollins

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date March 26 1935

19. UNDERTAKER George F. Johnst
(Address) 2101 Pennsylvania Ave.

20. FILED March 25 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 8, 1934 to March 24, 1935

I last saw him alive on March 24, 1935 Death is said to have occurred on the date stated above, at 10 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Urinary Bladder	1 Yr
Uremia	2 Wks
Exhaustion	3 Wks.

Other contributory causes of importance:

Name of operation Supra pubic drainage Date of 8/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G. Herbst M. D.

(Address) St Agnes Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 11016

F 11016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 E. Fayette St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Georgia Whitney

(a) Residence: No. 1413 E Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Whitney

6. DATE OF BIRTH (month, day, year): July 4 1891

7. AGE: Years 44 | Months 7 8 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 28 yrs

12. BIRTHPLACE (city or town) (State or country): Cambridge Md

FATHER

13. NAME: Thomas Watkins

14. BIRTHPLACE (city or town) (State or country): Cambridge Md

MOTHER

15. MAIDEN NAME: Mary Blake

16. BIRTHPLACE (city or town) (State or country): Cambridge Md

17. INFORMANT: Katie Thompson

(Address) 105 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 3/27/35 19...

19. UNDERTAKER: Robert F Williams

(Address) 1515 McElderry St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1935 to Mar 21 1935

I last saw h.r alive on March 20 1935. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Pulmonary Tuberculosis		June 1933

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis None Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard L Ensinger M. D.

(Address) 1514 E Baltimore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 23 1935

M. D. F. 1205

F 11017

✓ F 11017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 W. Eastand St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Dunkan

(a) Residence: No. 1216 W. Eastand St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 9, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County Md

FATHER

13. NAME James Dunkan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nancy Gallagher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Nanny Dunkan

(Address) 1215 W Eastand St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/27/35 19

19. UNDERTAKER E. C. Haile

(Address) 1000 N. Paca St

MAR 25 1935

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21 1935 to March 23 1935

I last saw her alive on March 23 1935 Death is said to have occurred on the date stated above, at 9 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1/2/30
Mitral regurgitation	
Dropsy	1/2/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward Dunn M. D.

(Address) 1227 Mon Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b F 11018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11018

CERTIFICATE OF DEATH

X 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BETTY LOU RHOTEN

(a) Residence: No. HAMPSTEAD MD. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13-1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edgar Rhoten

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Thelma Svendsen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edgar Rhoten

(Address) Hampstead Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westg Cem. Date Mar 16. 1935

19. UNDERTAKER Edw C Talbot

(Address) Hampstead Md

FILED MAR 25 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1935 to 3-25 1935

I last saw her alive on 3-25 1935. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INTER CRANIAL BIRTH INJURY	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. D. Eagles M. D.

(Address) Univ. Hosp. Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 **F 11019** ✓ **F 11019**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 158 N. Hare St., 6 Ward)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathaniel L. Lemos

(a) Residence: No. 158 N. Hare St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thosa Lemos

6. DATE OF BIRTH (month, day, year): Dec. 25. 1892

7. AGE: Years 62 | Months 2 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Frank Lemos

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Margaret Bascegalupi

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Frank Lemos
(Address): 158 N. Hare st

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Mar. 26 1935

19. UNDERTAKER: William G. Schaeffer
(Address): 1816 Monument st

20. FILED: Mar. 28 1935 Henry Tippett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-22 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1935 to Mar 22 1935

I last saw him alive on March 22 1935 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	about Jan 15 1935

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Jos. L. Valentine M. D.

(Address) 16 So. Broadway

I. B.—WRITE PLAINLY, with pen and ink, and use no abbreviations. All the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2 F 11020 ✓ F 11020

HEALTH DEPARTMENT—CITY OF BALTIMORE

34c-91a

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. Registered No. .....
CITY OF BALTIMORE: (No. ..... St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 27- 3 11

2. FULL NAME Bernice Knight

(a) Residence: No. 409 East Lanvale St., Ward. Amboy-Indiana
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Bernice Taylor Knight

6. DATE OF BIRTH (month, day, year) Dec 14 1907

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
27	3	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lineman 00-4
10. Date deceased last worked at this occupation (month and year) Nov 1934
11. Total time (years) spent in this occupation 15 Yrs

12. BIRTHPLACE (city or town) (State or country) Somerset Indiana

FATHER
13. NAME Earl E Knight
14. BIRTHPLACE (city or town) (State or country) Sadliz Indiana

MOTHER
15. MAIDEN NAME Gertrude Barhart
16. BIRTHPLACE (city or town) (State or country) New Enos Indiana

17. INFORMANT Mrs Bernice C Knight (wife)
(Address) Fairmont - Indiana

18. BURIAL, CREMATION, OR REMOVAL
Place Amboy - Ind. Date Mar 27 1935

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 Hunterson.

MAR 25 1935 Huntington Ind. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1935

22. I HEREBY CERTIFY, That I attended deceased from February 27 1935 to March 25 1935
I last saw h.. alive on March 25 1935. Death is said to have occurred on the date stated above, at 1 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Apnitis and pyoarditis - luetic	
2. Sub-acute bacterial endo-carditis (streptococcus-viridans)	
3. Thrombosis and embolism right axillary artery	2-27-35

Other contributory causes of importance:

Name of operation None Date of ✓
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M Macmillan M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 526

F 11021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11021

CERTIFICATE OF DEATH

x 116

1. PLACE OF DEATH University Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. mos. 6 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles Page

(a) Residence: No. Forest Hills, Pittsburgh Pa St., ... Ward.

(Usual place of abode) 6 Days (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or WIFE of) Grace N.

6. DATE OF BIRTH (month, day, year) apr 10 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Engineer) 0030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Micanda Eng.

FATHER

13. NAME Wm E Page Sr.

14. BIRTHPLACE (city or town) (State or country) Sharon Pa

MOTHER

15. MAIDEN NAME Mikeyonn

16. BIRTHPLACE (city or town) (State or country) Sharon Pa

17. INFORMANT Lee N Page (Address) McKeesport Pa

18. BURIAL, CREMATION, OR REMOVAL Place Turtle Creek Pa Date 3/26 1935

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED MAR 25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1935 to March 25, 1935

I last saw h[illegible] alive on March 25, 1935 Death is said to have occurred on the date stated above, at 12:50 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicosities of Oesophagus (ruptured)	3/23/35
Haematemisis	3/23/35

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Helen I Magennis, M. D.

(Address) University Hospital

S. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9 F 11022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11022

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 E. 41st St., 9 Ward)

Length of residence in city or town where death occurred 79 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily R. Murphy

(a) Residence: No. 601 E. 41st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
(or) WIFE of John C. P. Murphy

6. DATE OF BIRTH (month, day, year) Oct. 6, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John P. Mullan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Emily S. Adam

16. BIRTHPLACE (city or town) (State or country) ------- Pennsylvania

17. INFORMANT J. Edwin Murphy

(Address) 4305 Norwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 3/26 35

19. UNDERTAKER Henry R. Myers and Son

(Address) 2[illegible] N. Eutaw St.

Filed ... 19... Registrar

MAR 23 1935

MAR 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1st 1935 to March 23 1935

I last saw h[illegible] alive on March 23 1935. Death is said to have occurred on the date stated above, at 11 46 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Cerebro-Sclerosis	?
Other contributory causes of importance: Chronic Cardiac Nephritis	[illegible]

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. H. Grayson M. D.

(Address) 627 N. Charles St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 11023

F 11023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Lucas

(a) Residence: No. 1626 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/28/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none - odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John W. Lucas

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hannah Thayer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records Bd H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mar 27th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MAR 26 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/19 1934 to 3/24 1935.

I last saw her alive on 3/24 1935 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	3days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L Reyte M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 11024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11024

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 15-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. , mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Martha Virginia Bell

(a) Residence: No. 1716 Eldamont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Theodore Bell

6. DATE OF BIRTH (month, day, year) Nov. 21, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robt Miller

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna Sawyer

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Mar 27 1935

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1935 to Mar 25, 1935

I last saw her alive on Mar. 25, 1935 Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cardiovascular renal disease with hypertension	1932
b Cerebral hemorrhage	Jan 24, 35
c	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Claude Elliott Gibson M. D.

(Address) 1 W. Mt. Vernon Pl.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

MAR 26 1935

M. D. 32

F 11025

2970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11025

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Everist

(a) Residence: No. 2222 Mc Elderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-15-87

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Everest

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Paul

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date 3/26/1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED MAR 26 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935 to March 23, 1935

I last saw him alive on March 23, 1935 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/15/35

Other contributory causes of importance:

Chronic Cerebralism

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. Carmichael Gilchrist, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 11026

F 11026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Melton Hughes Jr

(a) Residence: No. 2632 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, Divorced~~ (write the word)
M	W	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Hughes

6. DATE OF BIRTH (month, day, year) Jan 29, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0569

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) Feb 18 1934

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (City or town) Balto (State or country) Md

FATHER

13. NAME G M Hughes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida Norris Sonner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 27th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. Filed 19 [illegible] Registrar

MAR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3.25.35

22. I HEREBY CERTIFY, That I attended deceased from 3.8.35 to 3.25.35

I last saw h in alive on 3.25.35. Death is said to have occurred on the date stated above, at 10:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis, Gonorrhoeal	3.8.35

Other contributory causes of importance:

Bronchopneumonia

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W J Sellmon M. D.

(Address) Union Memorial Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. File No. F-11027 F 11027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 70 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Clara Oliviera

(a) Residence: No. 402 Denison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. R. Oliviera 3rd

6. DATE OF BIRTH (month, day, year) 2-28-06

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME John Klein

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Catherine Goerwitch

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT J. Richard Oliviera
(Address) 402 Denison St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar 28 To 3

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAR 29 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-19-35, 19, to 3-25-35, 19

I last saw her alive on 3-25-35, 19 Death is said to have occurred on the date stated above, at 12¼ p m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other rontributory rauses of importance:	
	over

Name of operation Gastroenterostomy Date of 3-22-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Allison, M. D.

(Address) Bon Secours Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 2-39 F 11028

F 11028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5222 Crowson Ave 27 St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion E. Gardner

(a) Residence: No. 5222 Crowson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 21st 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hugh F. Gardner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sadie Frige

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hugh F. Gardner

(Address) 5222 Crowson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Mar 26th 1935

19. UNDERTAKER Wm Cook

(Address) 317 St Paul St

(Signed) Registrar.

MAR 26 1935 d. in Balto.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1934 to Mar 24 1935.

I last saw h alive on Mar 24 1934. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	1934
Meningocele ? spina	1934
Other contributory causes of importance:	
Rupture ? Meningocele	1935

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. H. Brahs M. D.

(Address) 501 Glendale Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11029

CERTIFICATE OF DEATH

94-8

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1925 E. Fayette St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occ[illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Berry

(a) Residence: No. 1926½E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph L. Berry

6. DATE OF BIRTH (month, day, year) Dec 21/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Greensfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Smith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph L. Berry

(Address) 1925 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar 27 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

[illegible] 19 [illegible] Registrar.

MAR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19, to [illegible], 19

I last saw h[illegible] alive on [illegible], 19. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Occlusion (Cardiac)	

Other contributory causes of importance:

Name of operation Inquiry Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 506 E Fayette

information should be carefully supplied. Attention should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

M. D. Blank-No. F 11030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11030

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sarah V. Lee

(a) Residence: No. 519 Stamford Rd St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or Divorced (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of: Bernard T. Lee

6. DATE OF BIRTH (month, day, year): Oct 12th 1874

7. AGE — Years: 60 | Months: 5 | Days: 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Bailey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Katherine Hannon

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Katharine Cantanni

(Address): 519 Stamford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: May 27th 35

19. UNDERTAKER: Wm Cook

(Address): 1209 St Paul st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Melitis	? ? ?
Dehydration	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. Cantanni M. D.

Coroner

(Address) 5016 Irvington

Information should be carefully supplied. Any attempt to conceal the true state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 28 1935

M. D. File No. F 11031

F 11031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1453 Richardson St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Strein

(a) Residence: No. 1453 Richardson St., Ward. 24

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Strein

6. DATE OF BIRTH (month, day, year) Feb, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	0 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Minnie Stearnes Daughter

(Address) 1453 Richardson St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R.C. Date 3/27 1935

19. UNDERTAKER Margaret F Flynn

(Address) 1422 Light St.

20. FILED MAR 28 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1935 to March 23, 1935

I last saw h alive on Mch 23, 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	5 d
Bronchopneumonia	
Other contributory causes of importance:	
Chr Parenchymatous Nephritis	5 d

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos Fa Stevens M. D.

(Address) 2878 Hartford Rd

V 8 3

INSTRUCTIONS.—WRITE PLAINLY, with ink. PHYSICIANS should fill in all items, and should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 11032

F. 11032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2348 Luzerne ave. St., 6 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Jubb

(a) Residence: No. 2348 Luzerne ave 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of ~~WIFE~~ of: Barbara Jubb

6. DATE OF BIRTH (month, day, year): Dec 13 1850

7. AGE: Years 84; Months 3; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Allegany Co Md

FATHER

13. NAME: dont know

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: dont know

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Barbara Jubb
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 3/26/ 19 35

19. UNDERTAKER: J. A. Horgan
(Address) Back Bay Balto.

20. FILED ..... 19 ..... Registrar.

MAR 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/ 1935

22. I HEREBY CERTIFY, That I attended deceased from February 25 1935 to March 24 1935 - I last saw h in alive on March 20 1935 - Death is said to have occurred on the date stated above, at 12 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	March 1932
Other contributory causes of importance: Acute bronchitis - Edema of lungs	2/25/35 -

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm D Schmidt M. D.

(Address) 701 N. Richmond ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9

F 11033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11033

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 W. Lanvale St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen W Welch

(a) Residence: No. 1515 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tom W Welch

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chaugn Co. N. C.

FATHER

13. NAME Bandan Johnson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ellen Johnson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Ruth Budd

(Address) 1515 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Elizabeth City N. C. Date 3-26- 1935

19. UNDERTAKER Byron & Francis W Wright

(Address) 218 N Eden & Derry St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8 1935 to Mar 23 1935

I last saw h[illegible] alive on March 23 1935. Death is said to have occurred on the date stated above, at 2.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Mar 5

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Colemans M. D.

(Address) 2039 McCulloh

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AR 2011035

M. D. B. 1268-9

F 11034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11034

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital, Baltimore, Md. Registered No. ....

CITY OF BALTIMORE: (No. .... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. 8 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME John Herman Jones

(a) Residence: No. Woodlawn Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of A. Lucille Jones

6. DATE OF BIRTH (month, day, year) July 22 1903

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
31	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry

10. Date deceased last worked at this occupation (month and year) Sept 1934 | 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jos. Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME → Beardenburg

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. A. Lucille Jones
(Address) Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Cem. Date Mar 29, 1935

19. UNDERTAKER Kerr & Son Inc.
(Address) Catonsville Md

20. FILED MAR 26 1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935 to March 26, 1935

I last saw him alive on March 26, 1935. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retro-peritoneal Angio Sarcoma	Unknown
Internal Hemorrhage.	3-25.
Cerebral Coma Complete.	3-26.

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 3-22.

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of Injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No ....If so, specify ....

(Signed) Charles L. Goodland, M. D.

(Address) University Hospital, Baltimore

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

F 11035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11035

CERTIFICATE OF DEATH

V 157-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Hopkins Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME R. Arthur Manning Jr

(a) Residence: No. 1913 McCullough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 11/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Arthur R. Manning Sr

14. BIRTHPLACE (city or town) (State or country) Nashville. Tenn

MOTHER

15. MAIDEN NAME Martha Sykes

16. BIRTHPLACE (city or town) (State or country) Phila., Pa

17. INFORMANT Arthur R Manning

(Address) 1913 McCullough St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date Mar 14 1935

19. UNDERTAKER Samuel H. Hough & Son

(Address) 1000 Eutaw St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Congenital Heart	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. J. Gordon Coroner, M. D.

(Address) 508 E. Lexington

Information should be carefully supplied. All items should be filled. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. B. 1268-9

F 11036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11036

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 126 N. Payson St., 20 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George V. Schaefer

(a) Residence: No. 126 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie D. Schaefer

6. DATE OF BIRTH (month, day, year) May 1-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	23	

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter: House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm. Ingalsbe
10. Date deceased last worked at this occupation (month and year) 20
11. Total time (years) spent in this occupation 0 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER, FATHER:
13. NAME Jacob Schaefer
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Minnie Kuenn
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lillie D. Schaefer
(Address) 126 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/27/35, 19

19. UNDERTAKER P. B. Nyhart & Son
(Address) 300 Eutaw Place

20. FILED ..... 19..... Registrar.

MAR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 - 1935 to Mar 23 1935
I last saw him alive on Mar 23 1935 Death is said to have occurred on the date stated above, at 11 2/3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. Kelley Hemming M. D.
(Address) 7000 Hallins St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11037

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Kahmer

(a) Residence: No. 420 S Payson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. —

6. DATE OF BIRTH (month, day, year) Feb 11 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Cab Co

10. Date deceased last worked at this occupation (month and year) 8 days

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Philip Kahmer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anne Brown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Margaret M. Kahmer

(Address) 420 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3/27/35

19. UNDERTAKER F. B. Ostheet & Son

(Address) 1300 Eastern Ave

20. FILED MAR 28 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. P. Henry M.D. M. D.

Coroner

(Address) 1305 N Patterson Park

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. B 1268-9

F 11038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11038

CERTIFICATE OF DEATH

36-L 175a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norma Marie Disney Moore.

(a) Residence: No. 27 S. Kresson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 16, 1907

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	28	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Nicholas B. Disney.

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Emily A Griffith.

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Emily A. Disney. (mother)
(Address) Odenton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Cem. H.A.Co. Date 3/26/35

19. UNDERTAKER C. F. B. Heppard & Son
(Address) 1300 Eutaw Place

29. FILED MAR 28 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, 5.05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	
due to criminal abortion	
Homicide	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Feb 13, 1935
Where did injury occur? 1310 Woodley Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Punctured wounds with Catheter
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner
3/25/35 (Address) 1017 E. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268

F 11039

F 11039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Jen'l Hosp. St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hewitt

(a) Residence: No. 2104 W Saratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	-	7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Kermit Hewitt

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Catherine Baer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph Hewitt

(Address) 2104 W Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 3/26/35

19. UNDERTAKER F. P. Stephenson & Son

(Address) 339 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25. 1935. to March 25. 1935.

I last saw h[illegible] alive on March 25. 19 35 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Cerebral Hemorrhage	about

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Earle M. Wilder M. D.

(Address) West Balto Jen'l Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268

F 11040

Berliner

F 11040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Gen Hosp St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irwin Berliner

(a) Residence. No. 3063 3035 Gladding St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write this word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-20-1930

7. AGE: Years 4 | Months 10 | Days 30 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

FATHER

13. NAME David Berliner

14. BIRTHPLACE (city or town) (State or country) U.S.A.

MOTHER

15. MAIDEN NAME Hattie Broler

16. BIRTHPLACE (city or town) (State or country) Lancaster P.A.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Levering Ave Date 3/26/35 19

19. UNDERTAKER Jack Langone

(Address) 1439 E. Baltimore

20. FILED [illegible] 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Congenital Malformation of Heart	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. E. Link Coroner, M. D.

(Address) Coroner

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

use

M.R. F 11041

HEALTH DEPARTMENT—CITY OF BALTIMORE F 11041

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Hopkins Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Shapiro

(a) Residence: No. 2311 E. Fairmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Shapiro (wife)

(Address) 2311 E. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Henry Berman Date 3/26/35, 19

19. UNDERTAKER Jack Levin Sons

(Address) 1439 E. Baltimore St

20. FILED MAR 26 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19. Death is said to have occurred on the date stated above, at 10.45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Fallen, M. D. Coroner

(Address) 508 E Irvine ma

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1265-9

F 11042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11042

CERTIFICATE OF DEATH

V 34 - 130

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 17 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Atterbury

(a) Residence: No. 521 W Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	aa	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
23	24	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Ga

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Irene Grant (mother)

(Address) 520 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemty Date March 27 1935

19. UNDERTAKER Adolphus Halstead

(Address) 923 Druid Hill Ave

20. FILED MAR 30 1935, 19 Hamilton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1935, to 3-23, 1935

I last saw him alive on 3-22, 1935. Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis (Glomerular)	3-20-35
Other contributory causes of importance:	UNK

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin Blue Compte, M. D.

(Address) Provident Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11043

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3063 Stafford St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ross C. Pease

(a) Residence: No. 3063 Stafford St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) About 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME ----------Pease

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. Paul Lacher

(Address) 831 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Mch. 27, 1935

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

FILED MAR 28 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilatation of Heart

Other contributory causes of importance:

Influenza.

Name of operation Leg Amputation Date of operation 3-23-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Valentine M. D. Coroner

(Address) 16 So. Howard

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11044

F 95620

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11044

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 5

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Harper

(a) Residence: No. 1408 E. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-7-22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Calvin Harper

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Jesse Brogden

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery 3/27. 1935

19. UNDERTAKER Robert L. Young

(Address) 501 N. Carey St. Baltimore, Md.

20. FILED APR 26 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 10. 1935. to March 24. 1935

I last saw him alive on March 24 1935 Death is said to have occurred on the date stated above, at 11 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	3-1-35
Other contributory causes of importance:	
Tuberculosis of lumbar spine	Oct. 1934
Sub acute nephritis	

Name of operation Fusion lumbar spine Date of Feb 14 35

What test confirmed diagnosis? Sutton Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M B. Shaw M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268 F 11045

F 11045

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 N. Monroe St. St., 70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Deakins

(a) Residence: No. 16 N. Monroe St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip A. Deakins

6. DATE OF BIRTH (month, day, year) 12/23 - 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 49	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Bakery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Gill

14. BIRTHPLACE (city or town) (State or country) Smithfield W. Va.

MOTHER

15. MAIDEN NAME Rebecca Gill

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Phillip Deakins

(Address) 16 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 3/27 1935

19. UNDERTAKER Wm. F. Barlage

(Address) 1536 E. Lafayette Ave

20. FILED ..... 19 ..... Registrar.

MAR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1934 to March 24 1935

I last saw her alive on March 23 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	4 Mos. about

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Andrew E. Calvert M. D.

(Address) 4 N. Eutaw

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

11046 HEALTH DEPARTMENT—CITY OF BALTIMORE 11046

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd General Hospital St., Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Mackall

(a) Residence: No. 412 Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Mackall

6. DATE OF BIRTH (month, day, year) Dec 2 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert Co
(State or country) Md

FATHER

13. NAME Daniel Mackall

14. BIRTHPLACE (city or town) Calvert Co
(State or country) Md

MOTHER

15. MAIDEN NAME Celia Jones

16. BIRTHPLACE (city or town) Calvert Co
(State or country) Md

17. INFORMANT Agnes Green
(Address) 412 Lanvale

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 3-27-35 19

19. UNDERTAKER Geo R A Gibson
(Address) 1735 Druid Hill Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1935 to March 29 1935

I last saw him alive on March 29 1935 Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	not given
Arteriosclerosis	3-10

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marks T. Woodall M. D.

(Address) 811 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6. 3

M. D. F. 1268-9

11047 HEALTH DEPARTMENT—CITY OF BALTIMORE 11047

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy McCauley

(a) Residence: No. 5912 Burgess Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/25/35

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 16 min.
				8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Martin McCauley

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Ruth Taylor

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Martin McCauley
(Address) 5912 Burgess Ave

18. BURIAL, CREMATION, OR REMOVAL
Greenland Cem Date 3/26, 1935

19. UNDERTAKER Leonard Rush
(Address) 1200 Washington Blvd

20. FILED MAR 26 1935 STATE # 9785

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25, 35

22. I HEREBY CERTIFY, That I attended deceased from 10m 3/25, 1935 to 5:40 PM 3/25, 1935

I last saw him alive on 5:39 3/25, 1935 Death is said to have occurred on the date stated above, at 5:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth.	

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George L Bayley, M. D.

(Address) Mercy Hospital.

F

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9.3

M. D. B 1268-9

✓ F 11048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11048

Registered No. 26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Hamlin

(a) Residence: No. 741 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 15 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
20 21	20		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Dixon

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Viola Hamlin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Viola Hamlin
(Address) 74 Pierce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Mar 26, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder Street

20. FILED Mar 25 1935, 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Spine	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Non Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P D Sedgwick M D M. D.
Coroner

(Address) 1305 N Fulton Ave Park Ave

Spec.—8-16-29—L. F. S.—100 Bks.

F 11049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11049

CERTIFICATE OF DEATH

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 Pierce ST., 18 WARD)

2—FULL NAME Gliney Reed

(a) RESIDENCE NO. 838 Pierce ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Reed

6 DATE OF BIRTH (month, day, and year) Dec 19, 1891

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Salisbury N. C.

PARENTS

10 NAME OF FATHER Jupre Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salisbury N. C.

12 MAIDEN NAME OF MOTHER Jeanie Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norwood N. C.

14 Informant Mary Black Talmage

(Address) 410 N. Fremont Ave

15 Filed ..., 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24, 1935

17 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1934, to March 24, 1935, that I last saw her alive on March 23, 1935 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. 4 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard M. D.

19 (Address) 1063 Mt. Hall Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Mar. 27, 1935

ADDRESS 3221 Ft.

20 UNDERTAKER Mrs. Katie R. Williams Schroeder St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M.D. B 1268-9

Franks

F 11050

F 11050 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 No Gilmor St., 4th Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathaniel Franks

(a) Residence: No. 226 No Gilmor St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Franks

6. DATE OF BIRTH (month, day, year) Jan 7 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Mary Cotton

(Address) 226 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 26, 35

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19 . Death is said to have occurred on the date stated above, at 9.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	March 23-35
Other contributory causes of importance:	
Arterio Sclerosis	2

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos L. Valentine M. D.
Coroner

(Address) 16 E. Lexington

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11051 ✓ F 11051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-8

1. PLACE OF DEATH Pronounced dead at the
CITY OF BALTIMORE: (No. South Baltimore General Hospital 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William T. Clark.

(a) Residence: No. 3006 Glenmore Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, BUSBAND of (XXXXXXXXXX) Sarah Clark.

6. DATE OF BIRTH (month, day, year) August 15, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Computed 3/29/35	70	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Evening Sun.

10. Date deceased last worked at this occupation (month and year) 3/23/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME George W. Clark.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Laura Parlett.

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Harry Clark. (son)
(Address) 16 Burke Ave. Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Parkwood Cemetery Place Mar. 26. 1935 Date 19

HENRY SANDER & SONS, INC. Per J. Baker
19. UNDERTAKER
(Address) Baltimore & Broadway.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.15 m a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas. Reinhard Coroner . M. D.

3/23/35 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 11052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11052

CERTIFICATE OF DEATH

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6207 Belair Rd. St., 26 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. ANNA E. BAUMBACH

(a) Residence: No. 6207 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Baumbach

6. DATE OF BIRTH (month, day, year) Sept. 27. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	24 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Schuchmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Strobel

16. BIRTHPLACE (city or town) (State or country) At Sea

17. INFORMANT Miss Anna H. Schuchmann (Sister)
(Address) 6207 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem. Date Mar. 26. 1935
(Place)

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander
(Address) Baltimore & Broadway.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1934 to March 23 1935

I last saw her alive on 3 22 1935. Death is said to have occurred on the date stated above, at 3.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3 mos
Diabetes Mellitus	14 yr

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood Sugar Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. S. Neer M. D.

(Address) 408 Cathedral

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. P. 1268 F 11053

F 11053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23
Registered No.

1. PLACE OF DEATH Balto City Hospitals TBc
CITY OF BALTIMORE: (No. ..... St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Theodore Madden
(a) Residence: No. 720 Wilmer St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-27-82

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Car Polisher
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Wm Passey
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary Madden
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date 3/27/35 19

19. UNDERTAKER Mrs. George T. Offutt
(Address) Lee St. and Calvert

20. FILED ... 19 ... Registrar.
MAR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-18 1935 to 3-23 1935
I last saw him alive on 3-23 1935 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Duration 6 mos

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Meyer W. Jacobson M. D.
(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. F-9 11054 ✓ F 11054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harrison Anderson.

(a) Residence: No. 516 Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME Eliz. Anderson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Kelina Jackson.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ida Evans (sister)

(Address) 679 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mating Date 3/28/35 19

19. UNDERTAKER Mrs. George H. Ford

(Address) 1031 Druid Hill Ave

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/6, 1935 to 3/27, 1935

I last saw h[illegible]live on 3/24 1935 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	21 days
Bacteremia, pneumococcus	5 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

11055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11055

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 N. Bradford St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9/24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Finch

(a) Residence: No. 1729 N. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie Finch

6. DATE OF BIRTH (month, day, year) 25 Nov. 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	/	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock-Clerk Dry G

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Morgan Mill Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Thomas Finch

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Carrie Vogel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Carrie Finch Nee Bender

(Address) 1729 N Bradford st

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 3/28/ 35 19

19. UNDERTAKER Howard N Bligh Jr.

(Address) 1418 N Gay st.

20. FILED 3-28-35 Registrar. WFF

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1934 to March 25, 35

I last saw him alive on March 24, 1935 Death is said to have occurred on the date stated above, at 1.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach with general metastasis	Sept. 1934

Other contributory causes of importance:

Name of operation Exploratory Date of Jan. 21 1935

What test confirmed diagnosis? oper. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

3/25/35 (Address) 1224-1226 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 326 F 11056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11056

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 187-35

CITY OF BALTIMORE: (No.) St., (Ward) 30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin L Homberg

(a) Residence: No. 311 Lyndhurst St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Margaret Homberg

6. DATE OF BIRTH (month, day, year) Nov. 11, 1879

7. AGE — Years 55 | Months 4 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School #88

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Homberg

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Doulon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 3/27/ 35

19. UNDERTAKER Martin Fahey Corp

(Address) 1827 N. Monroe ave

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 35

22. I HEREBY CERTIFY, That I attended deceased from March 5 35 to March 24 35

I last saw h[illegible] alive on March 23 35 Death is said to have occurred on the date stated above, at 5:40 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	?

Other contributory causes of importance

Broncho-pneumonia	3/22/35

Name of operation None Date

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If not, specify

(Signed) Samuel H. Gant M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms so that it may be properly classified. Enter name, nature or kind of OCCUPATION in every case. See instructions on back of certificate. V. S. 7-3

Spec.—2-29-28—L. F. S.—800 Bks.

11057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11057

CERTIFICATE OF DEATH

82-a

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1010 Greenmount av ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Filippo Di Stefano

(a) RESIDENCE NO. 1010 Greenmount av ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 ~~Single~~, Married, ~~Widowed, or Divorced, (write the word)~~: married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Giovanna Di Stefano

6 DATE OF BIRTH (month, day, and year) Dec 17-1874

7 AGE — Years: 60 — Months: 3 — Days: 7 — If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cement Finisher

(b) General nature of industry, business, or establishment in which employed (or employer): 0283

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER Pasquale Di Stefano

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER Rosaria Barranco

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant Mrs Giovanna Di Stefano

(Address) 1010 Greenmount ave

15 Filed 26 1935, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 24-1935

17 I HEREBY CERTIFY, That I attended deceased from Mar 17, 1935, to Mar 24, 1935, that I last saw h[illegible] alive on Mar 24, 1935, and that death occurred, on the date stated above, at 12 15 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi & Di Stefano, M. D.

Mar 25, 1935 (Address) 407 N. Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Mar 27 1935

20 UNDERTAKER: Robert W Deregay 4 — ADDRESS: 40 E North Ave

important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

F 11058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11058

CERTIFICATE OF DEATH.

23

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 N. Carey ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles E. Stanley

(a) RESIDENCE NO. 1511 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary L. Stanley

6 DATE OF BIRTH (month, day, and year) Mar 28th 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56		—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Sexton of C Church

(b) General nature of industry, business, or establishment in which employed (or employer) 0070

(c) Name of employer Ames M. E. Church

9 BIRTHPLACE (city or town) (State or country) Easton Md

PARENTS

10 NAME OF FATHER John Stanley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mary L. Stanley

(Address) 1511 N. Carey St Balto. Md

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 23rd 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1934, to March 23rd, 1935, that I last saw him alive on March 22nd, 1935, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) — yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Epilepsy and Heart Arthritis

(duration) — yrs. 2 mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? Analysis of Sputum

(Signed) W. B. Blascoer M. D.

, 19 (Address) 2213 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemtery

DATE OF BURIAL Mar 27 1935

20 UNDERTAKER Thos E. Kelson

ADDRESS 6303 Frestman St

Apr 1935

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

M. D. B. 1268-9

Debior

✓ F 11059

11059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No. 1512 Eutaw St., 17 Ward)

Length of residence in city or town where death occurred 20 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Dubois

(a) Residence: No. 923 Hurst Alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amanda Dubois

6. DATE OF BIRTH (month, day, year) March 2 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	56		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stoner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar 27 1935

19. UNDERTAKER Thomas E. Nelson
(Address) 1302 Preston St

20. FILED Mar 27 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13 1935 to March 23 1935

I last saw h[illegible] alive on March 23 1935. Death is said to have occurred on the date stated above, at 5.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3-13

Other contributory causes of importance:

Arteriosclerosis

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify: ____

(Signed) Charles H. Vendland M. D.

(Address) 1512 Eutaw St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. B. 1268-9

✓ F 11060

11060 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 - 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Govt Hospital General Hospital

CITY OF BALTIMORE: (No. 1512 W. Fairmont St., 4 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rose Daniels

(a) Residence: No. 948 Redmond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Daniels

6. DATE OF BIRTH (month, day, year) 4/6/1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48 49	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va.

FATHER

13. NAME Virginia Carr

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Patient
(Address) ...

18. BURIAL, CREMATION, OR REMOVAL
Place J Med School Date ... 19...

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1934 to March 21 1935

I last saw h.. alive on March 21 1935. Death is said to have occurred on the date stated above, at 5.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1934

Other contributory causes of importance:

Syphilis	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles Wesley M. D.

(Address) 811 Hanover

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

K 11061

11061

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Jennings

(a) Residence: No. 223 W Henrietta St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

MAR 26 1935

19. UNDERTAKER .....

(Address)

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how .....

(Signed) E Stevens MD M. D.

Coroner

(Address) 1305 N Fulton Ave

M. D. P. 1268-9

V F 11062

11062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Colum[illegible] St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Scott Cosdart

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd J

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. McNichol Date MAR 26 1935 19

19. UNDERTAKER
(Address)

20. FILED MAR 26 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h[illegible] alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck	Mar 24
fell down cellar steps	
in Rear of 110 Colum[illegible]	
St. Accident	

Other contributory causes of importance:

Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide or homicide~~? ..... Date of injury Mar 24 1935

Where did injury occur? 110 N Colum[illegible] St Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury fell down Cellar Steps

Nature of injury Fracture neck

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) James M Fenton M. D.
Coroner

(Address) York Road

V. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11063

11063 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 No. Parrish St., 19 Ward)

Length of residence in city or town where death occurred 2a yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Madison

(a) Residence: No. 313 No. Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Staunton Virginia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. H. E. Thiff
(Address) Elkins Road, Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19....

19. UNDERTAKER

(Address)

20. FILED ..... 19.... Registrar.

MAR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17-35, 19

22. I HEREBY CERTIFY. That I attended deceased from ..... 19...., to ..... 19.....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	3
	17
	35

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Injuries Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Valentine, M. D. Coroner

(Address) 16 Bond Broadway

NOTE—OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

F 11064

HEALTH DEPARTMENT—CITY OF BALTIMORE

11064

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Franklin Sq Hospital — Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No..... St., 14 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Boy Sauers

(a) Residence: No. 1629 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
newborn			3 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Franklin Sq. Hosp.

FATHER

13. NAME George Frederick Sauers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Regina Holloway

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Father
(Address) 1629 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Md Natl Date ..... 19.....

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1935, to March 23, 1935

I last saw h~~im~~ alive on March 23, 1935 death is said to have occurred on the date stated above, at 2:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J Ower Moore M. D.

(Address) Franklin Square Hosp.

OCCUPATION is very important. See instructions on back of certificate.

MAR 26 1935

M. D. B. 1268-9

F 11065

11065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Gay Jurgan

(a) Residence: No. Sinai Hospital St., 1404 Eastbrook Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 22, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. child

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John Alfred Jurgan

14. BIRTHPLACE (city or town) Bremen, Md
(State or country)

MOTHER

15. MAIDEN NAME Viviana Keller

16. BIRTHPLACE (city or town) Berlin, Md
(State or country)

17. INFORMANT Father

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md. Med. School Date Mar 26, 1935

19. UNDERTAKER

(Address) Huntington Funeral Home, Inc.

20. FILED 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1935, to Mar 23, 1935

I last saw h[illegible] alive on Mar 23, 1935. Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nathan Jaffe, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

N. D. P. 1268-9

F 11066

F 11066 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E. Oliver St., 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Hay

(a) Residence: No. 420 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Elie Hay

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Woodward

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date March 21 1935

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) mar 20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19th, 1935, to March 20th, 1935

I last saw her alive on March 19th, 1935 Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	3/19/35
Other contributory causes of importance: Pre capitale Labor	3/19/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Spence, Jr. M. D.

(Address) Johns Hopkins Hospital

MEDICAL CERTIFICATE OF DEATH is in plain terms, so that it may be properly understood. Every statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 3

M. D. P. 1268-9

F 11067

11067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Blake

(a) Residence: No. 904 N. Dallas St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/22/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Leonard Blake

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Ida Blake

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Friends —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med. School Date May 24 1935

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19 1935 to May 21 1935

I last saw her alive on May 21 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia lobar	1-18-35
Diarrhea and enteritis	1-18-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frances D. Schwentker M. D.

(Address) Johns Hopkins Hospital

V. S. 3

5 OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11068

F 11068

CERTIFICATE OF DEATH.

186-a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Apolonia Brzezinska

(a) RESIDENCE NO. 522 S. Streeper Street St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth 52 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Seperated

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) January 23 1858

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	77	2	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland

(State or country)

PARENTS

10 NAME OF FATHER Walczak

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Mr. Steve Brzezinski (Son)

(Address) 522 So. Streeper Street

15 Filed ... 19 ... 66 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry,) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Accidental Fracture of right Femur

(duration) ... yrs. ... mos. ... ds.

(Signed) P. Fenwick Bowie M. D.

(Coroner)

March 25 1925 (Address) 1305 N. Kettlewell Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the state ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. Date of Burial March 27th 25

20 UNDERTAKER John M. Weber ADDRESS 401 S. Chester

very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11069

11069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 528 N. Loudon Avenue St., 70 Ward)

Length of residence in city or town where death occurred 48 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith M. McHugh

(a) Residence: No. 528 N. Loudon Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank M. McHugh

6. DATE OF BIRTH (month, day, year) ----------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: H37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: John C. Egner

14. BIRTHPLACE (city or town) (State or country): ---------- Maryland

MOTHER

15. MAIDEN NAME: Clara Cook

16. BIRTHPLACE (city or town) (State or country): ---------- Maryland

17. INFORMANT: Frank M. McHugh

(Address): 528 N. Loudon Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 3/28 35

19. UNDERTAKER: Henry A. Myers & Son

(Address): 508 N. Eutaw St.

20. FILED 3/28 1935 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/35

22. I HEREBY CERTIFY, That I attended deceased from ~~3/~~ 1934 to 3/25/35

I last saw her alive on 3/25/35 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast, axilla & arm	about June 1/34

Other contributory causes of importance:

Carcinoma of right lung	about Nov/34

Name of operation Amputation of breast Date of 12/8/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Drysdale M. D.

(Address) 2220 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-0

F 11070

HEALTH DEPARTMENT—CITY OF BALTIMORE

11070

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Linwood Ave., 7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Michael J. Caton

(a) Residence: No. 517 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Ann Connor Caton

6. DATE OF BIRTH (month, day, year) Aug. 8th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Messenger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Caton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Flannery

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Ann Caton
(Address) 517 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Cemetery Date 3/27/35

19. UNDERTAKER E. J. Fanning & Son
(Address) 1932 E. Lafayette Ave

20. FILED E. H. Williams
Registrar.

MAR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 5 1935 to Mch 23 1935

I last saw h— alive on Mch 23 1935 Death is said to have occurred on the date stated above, at 7:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mch 18
Hemiplegia	
Other contributory causes of importance: Pneumonia, Oedema	2 dys

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ , 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Chas F Blake, M. D.

(Address) 202 Preston St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 120

F 11071

F 11071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3404 Elmley Ave. St., 8 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Vogel

(a) Residence: No. 3404 Elmley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Bertha Vogel

6. DATE OF BIRTH (month, day, year) Jan 3-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	34	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 459

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Mathias J. Vogel

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Margaut Schaech

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Anna B. Vogel
(Address) 3404 Elmley

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 3/27/ . 19 35

19. UNDERTAKER J. A. Moran
(Address) 3000 E Balto St

20. FILED . 19 Registrar.

MAR 27 1935

OCCUPATION is very important. See instructions on back of certificate.

V S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/ . 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/18/35 . 19 . to 3/24/35 . 19 . I last saw him alive on 3/24/35 . 19 . Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/18/35

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Herrmann M. D.

(Address) 2913 E Baltimore St

M. D. B. 1068-9

F 11072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11072

CERTIFICATE OF DEATH

✓ 82-B

1. PLACE OF DEATH 3617 Wilkins ave

CITY OF BALTIMORE: (No. 3617 Wilkins ave St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hepding

(a) Residence: No. 3617 Wilkins ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Hepding

6. DATE OF BIRTH (month, day, year) Oct 17 - 1857

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or min.
75	3 5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jr. John E. Hepding

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louis Eglan

(Address) 3617 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3 27 1935

19. UNDERTAKER Albert Rueko E Son

(Address) Calhoun & Wilkins Sts

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1935 to Mar 24 1935

I last saw him alive on Mar 24 1935 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral Embolism	1 day
	ood
Other contributory causes of importance:	
arterio-sclerosis	..ulty

Name of operation Jan 1935 Prostatectomy Date of

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. T. Lyper M. D.

(Address) 3321 Reed ave

Gi 6 12

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268

F 11073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11073

CERTIFICATE OF DEATH

✓ 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Eutaw Place) 3 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mary Scharogrodsky

(a) Residence: No. 2223 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wash

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 30 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Mazor

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Belle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Miss Ida Scharogrodsky

(Address) 2223 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date 3/27/35

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Balto. St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18. 1930. to March 25. 1935.

I last saw her alive on March 25. 1935. Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (nephrosis)	Prob. 1930
Myocarditis, edema	"
Hypertension	ab. 1934
Pyelonephritis	Feb. 1935

Other contributory causes of importance:

Diabetes Mellitus

Cataract — operation

Name of operation Resection 1/2 of stomach Date of 3/19/35

What test confirmed diagnosis? Clinical, pathological & typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John A. Kirkpatrick M. D.

(Address) 1211 Eager St Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 11074

F 11074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jas B Wilson

(a) Residence: No. 602 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Estella Wilson

6. DATE OF BIRTH (month, day, year) 1881

7. AGE: Years 53; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 007
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kent Island Md

FATHER

13. NAME: Jas Brown
14. BIRTHPLACE (city or town) (State or country): Kent Island Md

MOTHER

15. MAIDEN NAME: Mahoney
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Leonia Cooper
(Address): 606 W Hoffman

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Date Mch 27 1935

19. UNDERTAKER: James A Rogers
(Address): 1142 Hanover St

20. FILED ..... 19..... Registrar.

MAR 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Duration of Disease

Chronic Myocarditis 6 months

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? Regular ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H Smith M. D.
Coroner
(Address) Edmondson

M. D. B. 1268-9

F 11075

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11075

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Hansen

(a) Residence: No. 2475 Maryland St., Case Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/26/63

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Hansen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Dyer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Kinds
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date March 28 1935

19. UNDERTAKER Charles H. Black
(Address) 742 W. North Ave.

20. FILED ... 19... [illegible] Registrar.

MAR 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1935 to Mar 25 1935

I last saw him alive on Mar. 25 1935 Death is said to have occurred on the date stated above, at 6 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1923
Coronary occlusion (immediate cause)	Day of death
Other contributory causes of importance:	
	over

Name of operation Perineal prostatectomy Mar 6 1935

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 11076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11076

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2434 E. Balto St. 6 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Babette Levy

(a) Residence: No. 2434 E. Balto St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Levy

6. DATE OF BIRTH (month, day, year) April 15 1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
92	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Kahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette Knorr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Isaac Levy

(Address) 2434 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

From Hebrew Friendship Cem. Date March 28 1934

19. UNDERTAKER Whitaker & Co

(Address) 2130 Eastern Ave

20. FILED March 27 1935 Registrar. Washington Pollaro M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1933 to March 26 1934

I last saw h[illegible] alive on March 26 1934. Death is said to have occurred on the date stated above, at 10 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	2 y.
arteriosclerosis	1 y.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. J. Sankin M. D.

(Address) 1192 N. Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

F 11077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11077

CERTIFICATE OF DEATH

✓ 98

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt Ward 19)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Wood

(a) Residence: No. 105 N. Mount St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ward

6. DATE OF BIRTH (month, day, year): Jan 16, 1881

7. AGE: Years 54 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? N. C.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): (?)

MOTHER

15. MAIDEN NAME: Mary Virginia (?)

16. BIRTHPLACE (city or town) (State or country): ? (?) N C

17. INFORMANT (Address): Balto. City Hospt. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mar 29 1935

19. UNDERTAKER (Address): Mrs Katie R Williams 322 W Lexington St.

20. FILED 27 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-26-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-20-1935 to 3-26-1935

I last saw him alive on 3-25-1935 Death is said to have occurred on the date stated above, at 12¼ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Arteriosclerotic gangrene, left foot	1 mo

Other contributory causes of importance:

Generalized arteriosclerosis ?

Name of operation: None Date of ...

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If ...

(Signed) Samuel H. Gant M. D.

(Address) Balto City Hospt

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 11078

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11078

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hosp. St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Lewis King

(a) Residence: No. 550½ E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary King

6. DATE OF BIRTH (month, day, year) 1899 - May 4

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cockeysmarsh N. C.

FATHER

13. NAME Geo. King

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Matheus

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mary King
(Address) 550½ E. Monument

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date Mar 28, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St. Huntington Maryland

20. FILED MAR 27 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 .. to 19 ..

I last saw h.. alive on 19 .. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident 2nd degree burn Body & Hand	Mar 17th
Other contributory causes of importance: Was smoking bed Caught fire	House on fire

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Mar 18, 1935

Where did injury occur? 550½ E. Monument
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury bed caught fire

Nature of injury burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Smith Coroner, M. D.

(Address) Bordentown

M. D. F 1268-9

F 11079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11079

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 712 Brune St., 17-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Turner Jr.

(a) Residence: No. 712 Brune St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6 1915

7. AGE Years 19 | Months 7 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Henry Turner
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Ella Rockville
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ella Turner
(Address) 712 Brune

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar. 27, 1935

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 r Lanvale st

20. FILED Mar 27 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...
I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
5 Days	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Falk M. D.
Coroner
(Address) Coroner

M. D. P. 1268-9

F 11080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11080

CERTIFICATE OF DEATH

341

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Denkyn.

(a) Residence: No. 881 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia.

6. DATE OF BIRTH (month, day, year) 11/23/1893.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina.

FATHER

13. NAME Allen Denkin.

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Peggie Tate.

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Alice Eason (cousin)

(Address) 881 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Mar 29, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

20. FILED MAR 27 1935, 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1935 to 3/24, 1935

I last saw him alive on 3/24, 1935 Death is said to have occurred on the date stated above, at 1.40 p. m.

The principal cause of death and related causes of importance were as follows:

Aortic insufficiency

Syphilitic (?)

Date of onset 3 wks.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

Eagle.

M. D. P. 1268-9

F 11081 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11081

CERTIFICATE OF DEATH

✓ 93-D Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Eagle.

(a) Residence: No. 2862 Woodbrook. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/24/81

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6069

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Mannasah Md.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louise Rodinger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Both.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 28 1935

19. UNDERTAKER Josiah Lyfer

(Address) 1605 N. North Ave

20. FILED Huntington Ave Pharmacy Pendleton

MAR 27 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/7 1935 to 3/26 1935.

I last saw her alive on 3/26 1935 Death is said to have occurred on the date stated above, at 5.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	13 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 11082

F 11082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Tuson

(a) Residence: No. 214 W La Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Tuson

6. DATE OF BIRTH (month, day, year): Aug 26 1884

7. AGE: Years 50 | Months 6 | Days 25 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Asquith N. S.

FATHER

13. NAME: Henry Johnson

14. BIRTHPLACE (city or town) (State or country): N. S.

MOTHER

15. MAIDEN NAME: Mukin

16. BIRTHPLACE (city or town) (State or country): N. S.

17. INFORMANT: Thos. Tuson

(Address): 214 W La Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. [illegible] Date 2-7-35 19

19. UNDERTAKER: [illegible]

(Address): [illegible]

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. Leo Quirk M. D.

Coroner

(Address) .....

M. D. B. 1268-9

F 11083

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11083

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 Calvin St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Prisilla Anthony

(a) Residence: No. 115 Calvin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colord	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): amherst va

FATHER

13. NAME: William Anthony

14. BIRTHPLACE (city or town) (State or country): va

MOTHER

15. MAIDEN NAME: Mary Jones

16. BIRTHPLACE (city or town) (State or country): va

17. INFORMANT: Thomas anthony

(Address) 115 calvin st

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Cemetery Date: march 27 1935

19. UNDERTAKER: Edw Bryan

(Address) 1631 Harlem Ave

Huntington Funeral Home, Inc.

FILED ..... 19 .....

Registrar.

27 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-22 1935 to 3-28 1935

I last saw h..... alive on ..... 19 35 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchus Pneumonia	3/20

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Geo. Callen, M. D.

(Address) 507 Pleasant St

M. D. P. 1268-3

F 11084

F 11084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-a

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna E. Landerkin

(a) Residence: No. 3206 Elmora Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas Landerkin

6. DATE OF BIRTH (month, day, year) Feb. 26, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt.

FATHER

13. NAME Winfield Scott Conby

14. BIRTHPLACE (city or town) (State or country) Balt, Md.

MOTHER

15. MAIDEN NAME Annie E. Asbaryroux

16. BIRTHPLACE (city or town) (State or country) Balt, Md.

17. INFORMANT Hosp. records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Co. Date 3/28/35

19. UNDERTAKER Riley Mudefield

(Address) 1214 Fremont Ave

29. FILED ..... 19..... Registrar.

MAR 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1935 to March 25, 1935

I last saw her alive on March 25, 1935 Death is said to have occurred on the date stated above, at 10:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	3-15-35
Ovarian cyst	Unknown
	ovr
Other contributory causes of importance:	
Nephritis	3-18-35

Name of operation Appendectomy & Oophorectomy Date of 3-16-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state how .....

(Signed) H. C. Proctor M. D.

(Address) Md Gen Hospital.

M. D. B. 1268-9

F 11085

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11085

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Ellwood Ave Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Bittner

(a) Residence: No. 623 N. Ellwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Bittner

6. DATE OF BIRTH (month, day, year): Jan 11 1841

7. AGE: Years 89 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 60 ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Valentine Wenzel

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. J. Cuppy

(Address) 623 N. Ellwood

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 3/28/35

19. UNDERTAKER: J. Heumann and Son

(Address) 32 S. Broadway

20. FILED 27 1935, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/26/35

22. I HEREBY CERTIFY, That I attended deceased from March 19th, 1935, to March 26th, 1935

I last saw h[illegible] alive on March 25, 1935. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 19 35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so specify .....

(Signed) H. Emmett J. Cuppy M. D.

(Address) 1900 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 11086 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ¥ 11086

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Liberty Heights Ave. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Grace McComas

(a) Residence: No. 3617 Liberty Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Divorced

5a. If married, ~~widowed~~, or divorced ~~HUSBAND~~ of (or) WIFE of Harry G. McComas Sr.

6. DATE OF BIRTH (month, day, year) Mar 23. 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Magnolia Harford Co. Md.

FATHER

13. NAME Joseph Timmons

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Alice Lee Bramble

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Harry G. McComas Jr.
(Address) Silver Springs Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington M.E. Date Mar. 28 '35

19. UNDERTAKER Howard K. McComas & Son
(Address) Arlington, Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10th 1935 to Mar. 25th 1935.

I last saw h... alive on Mar. 25th 1935. Death is said to have occurred on the date stated above, at 11-30 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chr. Arthritis.	1919
Chr. Valvular Heart disease.	1930
Other **contributory causes** of importance:	
Chr. Pancreatic Nephritis.	1933

Name of operation None Date of ...

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

M. D. B. 1263-9

F 11087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11087

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St., 21 Ward)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Emerson

(a) Residence: No. 707 Ramsey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isaiah Emerson

6. DATE OF BIRTH (month, day, year) Aug 24th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Bowersox

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr Isaiah Emerson
(Address) 707 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 3/28/35

19. UNDERTAKER John J Cowan & Son
(Address) 401 N Collins St

20. FILED ..... 19..... Registrar.

MAR 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/ 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of ..... What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B F Herzog M.D. Coroner
(Address) 1306 N Patterson Park Ave

Spec.-7-17-26—A Co.—200 Bks.

F 11088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11088

CERTIFICATE OF DEATH

82-a

REGISTERED NO. 2697

1-PLACE OF DEATH

City of BALTIMORE: (No. 1310 Rutter St St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Turner

(a) RESIDENCE NO. 1310 Rutter St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. d

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Turner

6 DATE OF BIRTH (month, day, and year) Nov 21 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min..
	59	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Chestertown

(State or country) Md

PARENTS

10 NAME OF FATHER William Tillman

11 BIRTHPLACE OF FATHER (City or town) Chestertown

(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Sively Sarah Turner

13 BIRTHPLACE OF MOTHER (city or town) Chestertown

(State or country) Md

14 Informant Nellie Gassaway

(Address) 1310 Rutter St Huntingtown Millwaukee, N.J.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-26 1935

17 I HEREBY CERTIFY, That I attended deceased from 2-5 1935 to 3-26 1935

that I last saw h alive on 3-25 1935

and that death occurred, on the date stated above, at 2.05A m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. d

CONTRIBUTORY (Secondary) Hypertension

(duration) ? yrs. mos. d

18 Where was disease contracted

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical tests

(Signed) W. Atwell Jones, M. D

. 19 (Address) 1123 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

Mount Auburn Cem March 31st 19

20 UNDERTAKER — ADDRESS

Joseph A Lurz 4099 Mount Ave

R 27 1935

IMPORTANT. See instructions on back of certificates. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11089

11089

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred X yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Kurtz

(a) Residence: No. 913 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William N. Kurtz

6. DATE OF BIRTH (month, day, year) July 24, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Fickenscher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry A. Kurtz

(Address) 913 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar. 29. 1935

19. UNDERTAKER Mrs. Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St

20. FILED MAR 27 1935 Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26- 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-23- 1935 to 3-26 1935

I last saw HER alive on 3-26 1935 Death is said to have occurred on the date stated above, at 3:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC NEPHRITIS & HYPERTENSION	

Other contributory causes of importance:

CEREBRAL HEMORRHAGE

GENERALIZED ARTERIOSCLEROSIS

Name of operation Date of

What test confirmed diagnosis? AUTOPSY Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St. Agnes Hospital

M. D. P. 1268

F 11090 ✓ F 11090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals · TB 7-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Wilson

(a) Residence: No. 405 George St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-6-99

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	36	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Elmer Wilson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Mar 27, 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1935 to March 23, 1935

I last saw him alive on March 21, 1935. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

F 11091

F 11091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Venzen

(a) Residence: No. 109 S. Bond st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca Venzen

6. DATE OF BIRTH (month, day, year) Oct. 18, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Annesta Koft

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Antioch Md Date Mar 27, 1935

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1934 to March 24, 1935

I last saw him alive on March 24, 1935 Death is said to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer W. Jacobson M. D.

(Address) Balto City Hospitals

M. D. B. 1935 F 11092 ✓ F 11092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Olivas
(a) Residence: No. 1809 Townsend Place Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

5a. If married, widowed, or divorced—
HUSBAND of (or) WIFE of Sadie Olivas

6. DATE OF BIRTH (month, day, year) Oct 14 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. peddler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) 2 mo ago
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore (?) Md

FATHER
13. NAME Henry Olivas
14. BIRTHPLACE (city or town) (State or country) (?) Md

MOTHER
15. MAIDEN NAME Mary (?)
16. BIRTHPLACE (city or town) (State or country) (?) Md

17. INFORMANT Balto. City Hospt
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 27 . 19 35

19. UNDERTAKER
(Address)

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-17 . 1935 to 3-23 . 1935
I last saw him alive on 3-22 . 1935 Death is said to have occurred on the date stated above, at 930 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Arteriosclerotic gangrene, both feet ?	1 mo
Other contributory causes of importance: Generalized Arteriosclerosis (?) Infection right shoulder (non specific)	2 days

Name of operation Amputation Rt Leg Date of 3/16/35
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Hard labor to Scale
(Signed) Robt J Mantin M. D.
(Address) Balto City Hospt

M. D. P. 1268-9

F 11093

F 11093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ferdinand F. Baker

(a) Residence: No. 1636 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Baker

6. DATE OF BIRTH (month, day, year) March 14, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Helper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Decorating Co.

10. Date deceased last worked at this occupation (month and year) 3-31

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John B. Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Theresa Zuelch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 3-29-35

19. UNDERTAKER Kendall & Humphreys

(Address) 1500 Eastern Ave.

Filed ... Registrar.

APR 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to March 26, 1935

I last saw him alive on March 24, 1935 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebrovascular renal disease with hypertension	1931
2. Chronic diffuse nephritis	1931
3. Uremia	3-15-1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Gibson, M. D.

(Address) Md. Gen. Hosp.

Spec.—2-29-28—L. F. S.—500 Bks.

11094 F 11094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 109 E. Montgomery ST. 22 WARD)

2—FULL NAME Ethel Josephine Arnold

(a) RESIDENCE NO. 109 E. Montgomery ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

3a If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of George W Arnold

6 DATE OF BIRTH (month, day, and year) Mar 27 1886

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	11	27 29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pawtucket R.I.

PARENTS

10 NAME OF FATHER William Staley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pawtucket R.I.

12 MAIDEN NAME OF MOTHER Clara Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pawtucket R.I.

14 Informant Mr. George W. Arnold

(Address) 109 E. Montgomery St.

15 27 1935 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 26, 1935

17 I HEREBY CERTIFY, That I attended deceased from March 20, 1935, to March 26, 1935, that I last saw her alive on March 26, 1935 and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Vasomotor Collapse ~ duration 3 hours (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Nathan Racusin, M. D.

, 19 (Address) 206 S. Gilmor St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL DRUID RIDGE

DATE OF BURIAL Mar. 28 1935

20 UNDERTAKER John F Denny

ADDRESS 715 Light St.

M. D. F 1268-9

F 11095

11095 15

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

296 X 89-E

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. 7 mos ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie C. Morris

(a) Residence: No. 2020 W. St. St., ... Ward. Sparrows Point Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Morris

6. DATE OF BIRTH (month, day, year) 10/4/12

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Jesse Shufflett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Record (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Charlottesville Va Date Mar. 27. 1935

via Brook

19. UNDERTAKER John D. Denny

(Address) 715 Light St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6. 1935 to March 27. 1935

I last saw her alive on March 27 1935 Death is said to have occurred on the date stated above, at 7 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Meningitis	3/22/35
Other contributory causes of importance:	Unk

Name of operation Simple mastoidectomy Catheter drainage of Eustachian Date of Spinal Ft. Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Myrtle Swan Coon M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 11096

HEALTH DEPARTMENT—CITY OF BALTIMORE

11096

CERTIFICATE OF DEATH

× 210-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene L. Lindsay Jr.

(a) Residence: No. 1112 Overbrook Rd. St., Ward Talleyville Del.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3, 1920

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	14	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Eugene L. Lindsay Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bernice Bowers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Eugene L. Lindsay Sr.
(Address) 1112 Overbrook Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mouland Mun Pk Date Mar 29. 1935

19. UNDERTAKER John Uelnd
(Address) 2008 Orleans St

20. FILED 3-27-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/26. 1935

Where did injury occur? York Rd + Coldspring Lane
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident.

Manner of injury Fell at the scene of an

Nature of injury moving Automobile truck

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph Ederony Coroner, M. D.

(Address) 2200 E Monument St.

M. D. F. 1268-9

2 11097 2.11097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

60

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eli Addison Brown

(a) Residence: No. 1906 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 18/34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Elmore Brown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Blackwell

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie Brown
(Address) 1905 E. Madisln

18. BURIAL, CREMATION, OR REMOVAL
Pl... Midland Va Date 3-28-35 U...

19. UNDERTAKER Mrs R. A Elliott
(Address) 1129 N Gay Baltimore, Md

29 1935 $ Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ricketts-Scurvy	
Periostal Hemorrhages into joints of cranium etc	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. H. Hagen Coroner, M. D.

(Address) 506 E North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11098 F 11098

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 16 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. How long in U. S. If foreign birth? yrs. mos. ds.

2. FULL NAME Mary Alice William Whidbee

(a) Residence: No. 921 N. Arlington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Col
5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Booker Whidbee

6. DATE OF BIRTH (month, day, year): 1897

7. AGE — Years: 37 (38) | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Chas Williamson
14. BIRTHPLACE (city or town) (State or country): md.

MOTHER

15. MAIDEN NAME: Ella Tyler
16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT (Address): Booker Whidbee 921 N. Arlington

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Cemetery Date: March 27, 1935

19. UNDERTAKER (Address): Archibald G. Gaddis 2101 McCulloh St.

20. FILED: MAR 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... Emergency.
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chronic Endocarditis	6 months

Other contributory causes of importance: Rheumatism. Congestion of liver and kidneys

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. E. Luck M. D.
Coroner
(Address) Coroner

M. D. F. 1268-9

F 11099

F 11099 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 12-5 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Moran.

(a) Residence: No. 451 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 5/13/87

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52.	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Ireland

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rose Dugan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Beth.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Phila Pa Date March 27 1935

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St

20. FILED 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1935, to 3/26, 1935

I last saw him alive on 3/26, 1935 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	5 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

V. F 11100

11100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Chateau St., 37 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen J. Stone

(a) Residence: No. 501 Chateau St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Geo. E. Stone

6. DATE OF BIRTH (month, day, year): Nov. 25, 1903

7. AGE: Years: 31 | Months: 4 | Days: — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 9 yrs

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Henry C. Ostendorf

14. BIRTHPLACE (city or town) (State or country): Balto., Md.

MOTHER

15. MAIDEN NAME: Mary Connolly

16. BIRTHPLACE (city or town) (State or country): Balto., Md.

17. INFORMANT: Mrs. Mary Ostendorf
(Address): 501 Chateau Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 3/28, 1935

19. UNDERTAKER: J. Boyce Morgan
(Address): 1 E. Lafayette Ave

20. FILED ... 19... by ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3 - 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 2 - 8 - 1933 to Mar. 25, 1935

I last saw h.er alive on 3 - 23 - 1935 Death is said to have occurred on the date stated above, at about 5 01 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 yrs

Other contributory causes of importance:

Name of operation: None Date of ...

What test confirmed diagnosis: Clinical as there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno. B. Dyberk M. D.

(Address) 2802 Hartford Ave.

M. D. B 1268-9

✓ F 11101

11101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5112 Ardmore Way St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME John W. Pfisterer

(a) Residence: No. 101 S. Bouldin St., Ward. 8116

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary W.

6. DATE OF BIRTH (month, day, year) Nov 8/1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Acetelyne Torch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burner

10. Date deceased last worked at this occupation (month and year) Standard Oil Co

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John M. Pfisterer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Lesch

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mary M. Pfisterer

(Address) 101 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 3/28, 1935

19. UNDERTAKER John J. Ingram

(Address) 3000 E. Balt

Filed ...19... Registrar.

27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26 '35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Fell over while cleaning an automobile	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

M. D. F. 1268-9

F 11102

11102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Juniata St., 9 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helia Carroll

(a) Residence: No. 626 E 37th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Burnell J Carroll

6. DATE OF BIRTH (month, day, year): Oct. 1889

7. AGE — Years: 46 | Months: 5 6 | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home 37 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Martin McDonnell

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Brigid Mc Hale

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): B J Carroll 626 E 37th St

18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Date: 3/28 19 35

19. UNDERTAKER (Address): J A Inman 3002 E Baltimore St

20. FILED: 27 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-25 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-25 1935 to 3-25 1935

I last saw h[illegible] alive on 3-25 1935. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance: Cardiac failure

Name of operation: Probe resection Date of 3-24-35

What test confirmed diagnosis? ... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip S. Lansley, M. D.

(Address) 1414 Cathedral St.

M. D. B. 1265-9

F 11103

1103

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 St. Paul St. St., 17 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet A. Blogg

(a) Residence: No. 2506 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, year) **********

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60	**	**	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME Edward N. S. Blogg

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Charlotte Thayer

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

17. INFORMANT Edward R. F. Blogg
(Address) 2506 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 3/27/35 19

19. UNDERTAKER
(Address) 805 N. Calvert St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1935

22. I HEREBY CERTIFY, That I attended deceased from November 2 1934 to March 26 1935
I last saw her alive on March 26 1935 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Sudden
Thrombosis	
& Coronary Sclerosis	

Other contributory causes of importance:

	Date of onset
Phlebitis & Ephemeral Vein	Jan 1934
Fractured Fibula in accident	Nov 1934
in her home - fell down stairs	

Name of operation none Date of

What test confirmed diagnosis? P. E. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wm J Mayo M. D.

(Address) Medical Arts Bldg

M. D. B 1268-9

11104 F 11104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Joseph Hospital St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph A. Butterfield

(a) Residence: No. 1123 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 54

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME R. A. Butterfield

14. BIRTHPLACE (city or town) (State or country) Bermuda, West Indies

MOTHER

15. MAIDEN NAME Mary E. MacDonald

16. BIRTHPLACE (city or town) (State or country) St. Johns Novia Scotia

17. INFORMANT Clara Butterfield
(Address) 2703 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 3/28/ 1935

19. UNDERTAKER J. J. Dolan
(Address) J. Good Butler

20. FILED 27 1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to	
Probable Pulm Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. J. Collins Coroner, M. D.

(Address) 508 E. Fayette

M. D. F. 1268

F 11105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11105

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Hughes.

(a) Residence: No. 1701 Toulson St., Windermere Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/6/1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frank Hughes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Clark

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Record Bch.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Londontown Date 3/29/35

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

APR 28 1935

Huntington Pkwy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/9, 1934 to 3/26, 1935

I last saw him alive on 3/26, 1935 Death is said to have occurred on the date stated above, at 8 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of Disease
Bronchopneumonia	5 days.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. H. 1268-3

F 11106

F 11106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt'l Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Nolan

(a) Residence: No. 2110 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda Nolan

6. DATE OF BIRTH (month, day, year) 2-24-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) (?) Md

FATHER

13. NAME Michael Nolan

14. BIRTHPLACE (city or town) (State or country) (?) Ireland

MOTHER

15. MAIDEN NAME Bridget Doughtery

16. BIRTHPLACE (city or town) (State or country) (?) Ireland

17. INFORMANT Balto City Hospt
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mar 29th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

APR 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1935 to 3-26 1935

I last saw him alive on 3-26 1935 Death is said to have occurred on the date stated above, at 120 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	2 yrs
Other contributory causes of importance: Malnutrition	?

Name of operation Gastrostomy Date of 3-21 35

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Hazel H. Grant M. D.

(Address) Balto City Hospitals

F 11107

Laughenry

F 11107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Harford Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Barbara Laughenry

(a) Residence: No. 2316 Harford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Clinton A. Laughenry

6. DATE OF BIRTH (month, day, year) June 1st 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Lorenz Krieger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Kramer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Agnes E. Miller 800 Venable Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Mar 28th 1935

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

APR 28 1935

Cunningham Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1934 to 3-25 1935

I last saw her alive on 3/25 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3/6/35
Other contributory causes of importance: Chronic Interstitial Nephritis	6/14/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NV Date of injury NV 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NV

Manner of injury NV

Nature of injury NV

24. Was disease or injury in any way related to occupation of deceased? NV If so, specify NV

(Signed) David Miller M. D.

(Address) 1500 N Eutaw

M. D. Form 1918-a

F 11108

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11108

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 164 N. Ellwood Ave Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Turner

(a) Residence: No. 164 N. Ellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married,~~ widowed, ~~or divorced~~ (or) WIFE of: Robert Turner

6. DATE OF BIRTH (month, day, year): April 7th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked this occupation (month and year): Mar 27 1935

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: George Martin

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Jennie Porter

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Ruth Sanders
(Address) 164 N Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: Mar 28th 19 35

19. UNDERTAKER: Wm Cook
(Address) 1217 E Paul St

20. FILED ... Registrar.

MAR 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at about 5 A.M.

The principal cause of death and related causes of importance were as follows:

Proba ly Apoplexy

(History of previous stroke)

Date of onset

Other contributory causes of importance:

Name of operation: inquiry Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner M. D.

(Address) ...

M. D. P. 320

F 11109

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11109

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1229 N. Ellwood Ave (Ward) 8

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Baxter

(a) Residence: No. 1229 N. Ellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (of) ~~HUSBAND~~ WIFE of: Samuel T. Baxter

6. DATE OF BIRTH (month, day, year): Nov 30th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: James Collier

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Annie V.

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Clara E. Moon

(Address) 1229 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Mar 30th 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED Mar 30 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1935 to 3-26 1935

I last saw h[illegible] alive on 3-21 1935 3-30 p.m. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Uraemia Chronic Nephritis (Arteriosclerotic) — Date of onset 11-34

Other contributory causes of importance:

acute Cardiac Dilatation — Date of onset Ida

Name of operation: None Date of: 0

What test confirmed diagnosis: [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B 1268-9

F 11110

Grave # 1

F 11110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Central Ave & Lancaster St., 13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bubb's Cemetery Date Mar 27 19 35

19. UNDERTAKER
(Address)

20. FILED MAR 26 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 6:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable accidental	
Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 3/21, 1935
Where did injury occur? Central Ave & Lancaster
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place Public Place
Manner of injury Fell overboard
Nature of Injury Drowned

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....

(Signed) E. F. Hess M.D. M. D.
Coroner
(Address) 305 N Patterson Park Ave

M. D. B. 12

F 11111

Grant # 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11111

CERTIFICATE OF DEATH

175

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 E Lombard St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Jones

(a) Residence: No. 1930 E Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) unknown

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Mar 17, 1935

19. UNDERTAKER

(Address)

20. FILED, 19..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull, Homicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 3/16, 1935

Where did injury occur? 1004 E Lombard (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home,

Manner of injury Hit on head with fountain

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. C. Hergog M.D. M. D.

Coroner

(Address) 1305 N Patterson Park

F 11112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ. Hosp. St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Parker
(a) Residence: No. 1005 China St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stillborn.

6. DATE OF BIRTH (month, day, year) Mar. 26, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Herbert Parker
14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER
15. MAIDEN NAME Pauline Williams
16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Pauline Parker
(Address) 1005 China St.

18. BURIAL, CREMATION, OR REMOVAL
Place Fred School Date Mar 27, 1935

19. UNDERTAKER
(Address)

20. FILED 28 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1935 to Mar 26, 1935
I last saw her alive on Mar. 26, 1935 Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (3 wks)	
Other contributory causes of importance: Congenital atelectasis	

Name of operation None Date of ...
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.
(Address) Univ. Hosp

M. D. B. 1268-9

F 11113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11113

✓ 46-D

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1207 E Chatham St., 8 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James L. Pryer
(a) Residence: No. 1207 E. Chatham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Pryer

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Groslin Ga

FATHER

13. NAME Isaac L. Pryer

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Pryer
(Address) 1207 E Chatham St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel cem Date 3-28 1935

19. UNDERTAKER Dyson & Dyson & Wright
(Address) 1218 N E Eldersley St

20. FILED ... Registrar
MAR 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25- 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 1935 to Mar 26 1935
I last saw him alive on Mar 24 1935. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1934
Other contributory causes of importance:	

Name of operation none Date of
What test confirmed diagnosis? Symptoms + X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Thos. Partridge M. D.
(Address) 703 W Lafayette Ave

M. D. R. 1268-9 F 11114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11114

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Maryland Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

64 3 2

2. FULL NAME Mrs Anna Berklie Hall

(a) Residence: No. Riderwood Md. Ward. Ruxton-Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Linden Hall

6. DATE OF BIRTH (month, day, year) Dec 24 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore Md (State or country)

FATHER

13. NAME Charles F. Woods

14. BIRTHPLACE (city or town) Saco, Maine (State or country)

MOTHER

15. MAIDEN NAME Helen M. Coulter

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Eliza M. C. Woods

(Address) Riderwood Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Mount Date May 28 1935

19. UNDERTAKER Levin Memorial Co.,

(Address) 108 W. Monument St.

20. FILED 1935 Registrar.

R 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/24, 1935, to 3/26, 1935.

I last saw her alive on 3/26, 1935. Death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/24/35
Other contributory causes of importance:	
Pleurisy	3/24/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw A Bayne M. D.

(Address) 111 E Lexington

M. D. B. 1268-9

F 11115

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11115

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Druid Hill Ave St., 14 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Sattier

(a) Residence: No. 1609 Druid Hill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel D. Sattier

6. DATE OF BIRTH (month, day, year) Sept 11-1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private work

10. Date deceased last worked at this occupation (month and year) Fall 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME George Hyman

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mahala Goldrige

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT George Sattier

(Address) 1609 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date May 28 1935

19. UNDERTAKER Jas H. Carey & Son

(Address) 1600 Pennsylvania Ave

28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935 to March 26, 1935

I last saw h[illegible] alive on March 26, 1935. Death is said to have occurred on the date stated above, at 9.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diffuse Nephritis	Jan 1935

Other contributory causes of importance:

Age —

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno. H. Wright M. D.

(Address) 1204 Park Ave

M. D. B. 12-29 **E 11116** **E 11116**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvan Goldberg

(a) Residence: No. 26 N Chester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Benjman Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Gertrude

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudale Date 3/28/35

19. UNDERTAKER Duck Funeral Home
(Address) 1439 E Baltimore St

20. FILED MAR 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1935, to March 27, 1935

I last saw him alive on March 27, 1935. Death is said to have occurred on the date stated above, at 1 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel J. Schwartz, M. D.

(Address) Sinai Hospital

M. D. F. F 11117

F 11117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Laurens St., 15 Ward)

Length of residence in city or town where death occurred 43 yrs. — mos. — da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Robert E. Wynn

(a) Residence: No. 1816 Laurens St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Rosa Wynn

6. DATE OF BIRTH (month, day, year): July 31-1887

7. AGE — Years: 47 | Months: 7 | Days: 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West Point, Va

FATHER

13. NAME: James Wynn

14. BIRTHPLACE (city or town) (State or country): Lester Manor Va

MOTHER

15. MAIDEN NAME: Sarah Adams

16. BIRTHPLACE (city or town) (State or country): Lester Manor Va

17. INFORMANT (Address): Mrs Lillian W. Lacy West Point, Va

18. BURIAL, CREMATION, OR REMOVAL

Place West Pt. Va. Date Mar. 29 1935

19. UNDERTAKER (Address): Jos. W. Chase & Son 638 N. Fulton Ave.

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3rd 1935 to May 26th 1935

I last saw him alive on Mar 26th 1935 Death is said to have occurred on the date stated above, at 7:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	about 1933
Other contributory causes of importance: Nephritis	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E. Bell M. D.

(Address) 713 N. Gilmor St

M. D. P. 1268-9 F 11118 F 11118

29624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ardina Worgus

(a) Residence: No. 815 N Stricker St. St., Ward. 07

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 7/5/21

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Winfield Worgus

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Magdalen Moloch

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rondo

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Mch 30 1930

19. UNDERTAKER Connell & Chase Fun

(Address) 1531 Eutaw St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1930

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1930 to March 26, 1930

I last saw h alive on March 26, 1930 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Peritonitis, Spinal Meningitis, Brain Retinae, Lungs.

Date of onset: Feb 26 1929

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Path Was there an autopsy? Post

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Reginald Light, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 11119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11119

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on arrival at Hopkins Hospital St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Evelyn Kinkle

(a) Residence: No. 2215 Choptank St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8/1927

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or ....min.
	7	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Louis Kinkle

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Frances Zimba

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Louis Kinkle
(Address) 2215 Choptank Baltimore. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Mch 30 35

19. UNDERTAKER F W Ozarowski
(Address) 1930 Fait Avenue

20. FILED 28 1935 Arthur J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26/35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h..... alive on ..... 19 .... Death is said to have occurred on the date stated above, 12 mid m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	? days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 126

F 11120

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11120

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N Bond St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Fox

(a) Residence: No. 704 N Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
F	C	Widowed

5a. If married, widowed, or divorced (or) WIFE of Thomas H. Fox

6. DATE OF BIRTH (month, day, year) Sept 2, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rosie Morris (daughter)

(Address) 704 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Elsbury Cem Date May 28 1935

19. UNDERTAKER Ida Snyder

(Address) 1129 Carolina St

20. 5/28/1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 7, 1935 to March 25, 1935

I last saw h[illegible] alive on March 24, 1935. Death is said to have occurred on the date stated above, at 12:52 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	March 24, 1935
Other contributory causes of importance: Septic Stomatitis	Feb 7, 1935
Gastro-Enteritis.	
General Toxemia	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

M. D. F 1268-9 F 11121

F 11121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Sheppard

(a) Residence: No. 633 Smithson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8/23/03.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Cleaners

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Walter Sheppard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliz. Brooks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Walter Sheppard (Brother)

(Address) 633 Smithson St.

18. BURIAL, CREMATION, OR REMOVAL Date 3/28/35

19. UNDERTAKER Emmett P. Kennedy

(Address) 818 Emmett Street East

20. FILED MAR 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/21 1935 to 3/24 1935

I last saw her alive on 3/24 1935. Death is said to have occurred on the date stated above, at 9.05 P. m.

The principal cause of death and related causes of importance were as follows:

Acute exacerbation of Chronic rheumatic endocarditis, Pericarditis, etiology unknown ?

Date of onset 3/6/35.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 11122 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11122

CERTIFICATE OF DEATH

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Parrish.

(a) Residence: No. 2649 Wilkens St., Ward. X (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nelson E. Parrish

6. DATE OF BIRTH (month, day, year) March 6, 1861 ~~3/6/60~~.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	~~75~~	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Balto~~ Brunswick Maryland

FATHER

13. NAME John Shelton ?

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown? ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) ~~Richards Bell~~ Mr. Herbert E. Parrish 2649 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem. Date March 28 1935

19. UNDERTAKER (Address) Joseph Hook 1003 W. Baltimore St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/5 . 1935 to 3/25 . 1935

I last saw her alive on 3/25 . 1935 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

Erysipelas — 15 days
Hypostatic pneumonia — 3 days
Arteriosclerosis

Other contributory causes of importance:

Date of onset

Name of operation Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

11123 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11123

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Camper. (Harry S. Camper)

(a) Residence: No. 600 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/27/68.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66.	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Thomas Jefferson Camper

14. BIRTHPLACE (city or town) (State or country) ~~Balto.~~ Virginia

MOTHER

15. MAIDEN NAME Georgeanna Davis

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Records Bd H. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date March 29 1935

19. UNDERTAKER Joseph H. Cook (Address) 1003 E. Baltimore St.

20. FILED — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/23 1935 to 3/26 1935

I last saw him alive on 3/26 1935 Death is said to have occurred on the date stated above, at 7.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	15 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

11124 HEALTH DEPARTMENT—CITY OF BALTIMORE 11124

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2513 W. Pratt St., 20 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Vierengel

(a) Residence: No. 2513 W. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Henry Vierengel

6. DATE OF BIRTH (month, day, year) September 29, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Sebastian Heinmuller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Damm

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Mildred Vogel

(Address) 2513 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date March 29, 1935

19. UNDERTAKER Joseph Hook

(Address) 1003 W. Baltimore St.

20. Filed [illegible] 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1934 to Mar 26, 1935.

I last saw h[illegible] alive on Mar 26, 1935. Death is said to have occurred on the date stated above, at 9.30P m.

The principal cause of death and related causes of importance were as follows:

[illegible] Date of onset 10/6/34

Other contributory causes of importance [illegible] 3/14/35 3/25/35

Name of operation Date of

What test confirming diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James P. Schwenzer M. D.

(Address) Medical Arts Building

M. D. B. 1268-9

11125

HEALTH DEPARTMENT—CITY OF BALTIMORE

11125

CERTIFICATE OF DEATH

51-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 N Kenwood Ave Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Markwitz

(a) Residence: No. 407 N Kenwood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Markwitz

6. DATE OF BIRTH (month, day, year) June 5 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 26

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jos Linc Markwitz
(Address) 407 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date Mar 28 1935

19. UNDERTAKER John Ulrich
(Address) 2008 Oakenwald St

20. FILED Mar 28 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1935 to Mar 25 1935

I last saw h... alive on Mar 25 1935 Death is said to have occurred on the date stated above, at 9 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Bladder	Jan 25
	Final
Other contributory causes of importance: Chronic Nephritis	June 1924
None	

Name of operation ..... Date of —

What test confirmed diagnosis? Clx Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L H Meyer M. D.

(Address) 1 W Lexington St

M. D. P. 1268-9

F 11126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11126

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 119 S. Eoppleton St., 18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Harvey

(a) Residence: No. 119 S. Eoppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Owen Harvey

6. DATE OF BIRTH (month, day, year) March 14th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	13.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Peter Callan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Machin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret A. Harvey

(Address) 119 S Eoppleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/30/ 1935

19. UNDERTAKER John Conway & Son

(Address) 901 W. Lexington Pittsburgh

19 Registrar.

29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1935 to Mar. 27 1935

I last saw h alive on Mar. 27 1935 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset 3/20/35

Other contributory causes of importance:

Chronic Int. Nephritis. — 6 mo.

Name of operation none Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas Norton M. D.

(Address) 888 Warwick St

M. D. B. 1268-9

✓ F 11127

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11127

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 10 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Sister Loyola (Margaret) Gangler

(a) Residence: No. Asquith and Ashland St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 19-1860

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
75	2 1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Egypt (State or country) New York

MOTHER FATHER

13. NAME Charles Gangler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bridget Cunn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Natchez Cliff Mt. Date 3/29/35 19...

19. UNDERTAKER Frank G. Fink
(Address) 215 N. George St. Hunterstown Pa.

20. FILED 28 1935 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1935

22. I HEREBY CERTIFY That I attended deceased from April 1928 to March 27 1935

I last saw h.. alive on Mar. 27 1935 Death is said to have occurred on the date stated above, at 4:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	?
Arterio sclerosis	

Other contributory causes of importance:

Left lobar pneumonia	3 days

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

M.D. (Signed) Edward P. Alagna M.D.

(Address) 3326 Eastern Ave.

M. D. B. 1268-9

F 11128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11128

CERTIFICATE OF DEATH

122-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Fred Kelly

(a) Residence: No. 119 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 17 - 1859

7. AGE: Years 75 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ... min. | 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Mfr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D. C.

13. NAME: Joseph F. Kelly

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Margaret L. Rank

16. BIRTHPLACE (city or town) (State or country): Pa. Ft

17. INFORMANT: Margaret L. Ford

(Address) 1801 - 16 St. N.W. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place J. R. Wright & Co. Date 3/30/35 19...

19. UNDERTAKER: Oakhill Cemetery

(Address) 1337-10 St N.W. Wash D.C.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on January 19 35. Death is said to have occurred on the date stated above, at 11.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Abstruction	Mar 25 1935

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 So Monroe

M. D. B. 1268-9

✓ F 11129

11129 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

27-17 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Middleton Court St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie P. McCormick

(a) Residence: No. 8 Middleton Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Hugh P. McCormick

6. DATE OF BIRTH (month, day, year) Dec. 28, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Samuel J. Perry

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Selina Jones

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Charles P. McCormick
(Address) 7 E. 39th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 3/28/35 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

Huntington & Mears, Inc.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 25, 1935, to Mch 26, 1935

I last saw her alive on Mch 26, 1935 Death is said to have occurred on the date stated above, at 12.35 P.M.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Lesion — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. J. Love, M. D.

(Address) 2211 Eutaw Place

M. D. B. 1268-9

F 11130

11130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 869 - W. Lexington St., 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cerelia Mae Wynn

(a) Residence: No. 869 - W. Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3.27.35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (0)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Wynn

14. BIRTHPLACE (city or town) (State or country) Blackstone Va

MOTHER

15. MAIDEN NAME Virginia Marshall

16. BIRTHPLACE (city or town) (State or country) Blackstone Va

17. INFORMANT Virginia M. Wynn
(Address) 869 W. Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Mar 28, 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 1935

1231

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3.27.35. 19

22. I HEREBY CERTIFY, That I attended deceased from 3.27.35. 19.... to 3.27.35. 19....

I last saw her alive on 3.27.35 19.... Death is said to have occurred on the date stated above, at 4p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia (over)	3.27.35
Other contributory causes of importance:	
7 mos. premature birth	3.27.35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

..... If so, specify .....

(Signed) James M. Pair M. D.

(Address) 865 N. Lexington St

M. D. 8-1268

F 11131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11131

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Tempel

(a) Residence: No. 626 Baker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug 23, 99

8. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	35	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Robert Tempel

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Emma Terrel

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Terrel

(Address) 626 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Star Assn. Date Mar. 30, 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1703 Eastmanst

FILED MAR 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1130a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so specify .....

(Signed) O. B. Herzog M.D. M. D.
Coroner

(Address) 306 N. Patterson Park Ave

M. D. B. 1268-9

IMHOOF ✓ F 11132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11132

CERTIFICATE OF DEATH

72-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Asbury Road St. 27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Imhoff

(a) Residence: No. 1318 Asbury Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha A. Imhoff

6. DATE OF BIRTH (month, day, year) April 2-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sanitary Grocery Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Washington Md.

13. NAME George H. Imhoff

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Matilda Cramlett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Bertha A. Imhoff
(Address) 1318 Asbury Road

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date March 29 1935

Place

19. UNDERTAKER Horace G. Burgee
(Address) 3631 Falls Road Mt. Washington, Md.

FILED MAR 28 1935, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1932 to March 27, 1935

I last saw him alive on March 26, 1935 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Lymphadenoma (Hodgkin's Disease)	
Other contributory causes of importance: Cachexia, Anemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) F. H. Mueller M. D.

(Address) 4037 Falls Road

M. D. P. 1268-9

11133 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11133

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Mildred Schammel~~ (Catherine Schammel)

(a) Residence: No. 3019 Keswick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Schammel

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Farren

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PARKWOOD CEM Date MARCH 29 1935

19. UNDERTAKER Raff & B. M. Walters
(Address) 4 E 20th PRATT & STRICKER STS

28 1935 ~~Huntington W. Va.~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1935

22. I HEREBY CERTIFY, That I attended deceased from January 8 1935 to March 26 1935
I last saw her alive on March 26 1935 Death is said to have occurred on the date stated above, at 8.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	July 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Mayer W. Jacobson M. D.
(Address) Baltimore City Hospitals

M. D. B. 1268-9

F 11134

11134 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-61

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2831 Guilford Avenue St., 17 Ward)

Length of residence in city or town where death occurred 8½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Henry Cook

(a) Residence: No. 2831 Guilford Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 16, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 55 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME J. Henry Cook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaretha Bohn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Philip Schlarb

(Address) 2831 Guilford Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Mar. 29, 1935

19. UNDERTAKER E. SANDER & SON, INC. Geo. F. Sander

(Address) Baltimore & Broadway

28 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1934 to 3-28-1935

I last saw him alive on 3/27-, 1935. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hartman F. Zinn M. D.

(Address) Medical Arts Bldg

M. D. B. 1268-9

11135

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11135

83

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 10 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Bernardine Ruiz

(a) Residence: No. Same and Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25 - 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent 1065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cuba

FATHER

13. NAME Theobald Ruiz

14. BIRTHPLACE (city or town) (State or country) Cuba

MOTHER

15. MAIDEN NAME Rosa Sosa

16. BIRTHPLACE (city or town) (State or country) Cuba

17. INFORMANT Mother Consuela (Address) St Francis Convent

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Mch 29 19 35

19. UNDERTAKER Mrs R A Elliott
(Address) 1129 N. Carrollton

Registrar.

FILED 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1935

22. I HEREBY CERTIFY That I attended deceased from April, 1928 to Mar. 28, 1935

I last saw her alive on Mar. 28, 1935 Death is said to have occurred on the date stated above, at 3.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis	?
General arteriosclerosis	?
	ow
Other contributory causes of importance Coronary thrombus	4 dy

Name of operation Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Duncan P. Alexander M. D.

(Address) 326 Cathedral St.

M. D. F. 1268-9

F 11136

1136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH University Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hyley Dennis Griffith

(a) Residence: No. Kanawha Mt. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie M. Griffith

6. DATE OF BIRTH (month, day, year) March 6 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	56	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor Supplies

10. Date deceased last worked at this occupation (month and year) March 1934

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Robert N. Griffith

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Mary E. Donaldson

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Mrs. Elsie M. Griffith

(Address) Kanawha

18. BURIAL, CREMATION, OR REMOVAL Place Forrest Lawn Cem. Mar 30, 1935

19. UNDERTAKER Reduced Funeral Service

(Address) [illegible]

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935, to March 28, 1935

I last saw him alive on March 28, 1935. Death is said to have occurred on the date stated above, at 8:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Catarrhal Appendicitis	
Bronchopneumonia	3/25/35

Other contributory causes of importance:

Name of operation Appendectomy Date of 3/25/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen I. Magennis, M. D.

(Address) University Hospital

M. D. P. 1268-9

F 11137

1137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Ellwood (Katherine Josephine)

(a) Residence: No. 2220 Brookfield St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Ellwood

6. DATE OF BIRTH (month, day, year) June 20, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Richard Christman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schaffner

16. BIRTHPLACE (city or town) (State or country) Alsace Lorraine France

17. INFORMANT Edw. Christman brother (Address) 2220 Brookfield ave.

18. BURIAL, CREMATION, OR REMOVAL Place Brooklyn, MD Date Mar 28, 1935

19. UNDERTAKER Wm. J. Tucker & Son (Address) North & Fulton Ave.

Huntington Park Mortuary, Inc.

8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/23, 1935 to 3/27, 1935

I last saw her alive on 3/27, 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 11138

1138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S Rose St, St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Weibs

(a) Residence: No. 711 S. Rose St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Conley Weibs

6. DATE OF BIRTH (month, day, year) 7/24/62

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73. 7			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unk. Maid

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Haase

(Address) 2516 East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date March 28 1935

19. UNDERTAKER Wm. H. Grant & Co.

(Address) 1933 E. Monument St.

20. FILED MAR 28 1935 Thurlington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1935, to March 26, 1935.

I last saw h alive on March 26, 1935. Death is said to have occurred on the date stated above, at 7 40 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage 3/24/35

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank J. Janizzeke M. D.

(Address) 1931 East Ave

M. D. B 1268-9

F 11139

11139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dead on arrival at Hopkins Hospital St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Winfield

(a) Residence: No. 116 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) So. Caroline

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mary Brown
(Address) 116 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date March 28 19 35

19. UNDERTAKER Wendell Diffel
(Address) 1403 Broadway

20. FILED [illegible] 19 35 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25/35

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated before 6.30 A.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Probably Cardio-renal disease

Other contributory causes of importance:

Chr Alcoholism (History of)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Fayette

M. D. P. 1268-9

E 11140

11140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 Homewood Avenue St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Burnes

(a) Residence: No. 2108 Homewood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
70	10	6	#######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Hugh Burnes

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Julia Dalton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Dorsey
(Address) 2108 Homewood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date March 29, 1935

19. UNDERTAKER George Rutherford
(Address) 1732 Eutaw Street

20. FILED MAR 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1935 to March 26, 1935

I last saw her alive on March 26, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/23/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Cassagnol, M. D.

(Address) 5 14 Druid Lane

M. D. B. 12

F 11141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11141

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 N Bond St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Rehberger

(a) Residence: No. 913 N Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow of Louis Rehberger Sr

6. DATE OF BIRTH (month, day, year) Nov 16th 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	4	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year). —

11. Total time (years) spent in this occupation. —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Georg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Rehberger Jr
(Address) 716 E 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 3/29/35 19

19. UNDERTAKER Geo Scholling & Sons
(Address) 1126 E Monument St

20. FILED MAR 29 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12th 1935 to March 25th 1935

I last saw h[illegible] alive on March 25, 1935 Death is said to have occurred on the date stated above, at 4 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Arteriosclerosis	
Chronic nephritis	
Chronic bronchitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Samuel Lilienfeld M. D.

(Address) 708 E. Preston St.

M. D. B 1268-2

F 11142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11142

CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4710 Old York Road St., 27-10 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME Mary Dorsey

(a) Residence: No. 4710 Old York Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas

6. DATE OF BIRTH (month, day, year) Jul 31/1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Fletchem

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Catherine E. Dorsey

(Address) 4710 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date March 30 1935

19. UNDERTAKER Wm. H. Valentin

(Address) 2326 Eutaw St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Embolus	
due to	
Other contributory causes of importance: Bronchopneumonia	3

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner. M. D.

(Address) 606 E North Ave

M. D. B. 1268-9 F 11143

F 11143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2753 W. North Ave. St., 15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Forst Pension No. C 2478319

(a) Residence: No. as above St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Forst

6. DATE OF BIRTH (month, day, year): Jan. 19, 1844

7. AGE: Years: 91 | Months: 3 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wood Carver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 60 yrs

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Boston Mass.

MOTHER'S MAIDEN

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs. Mary Forst
(Address) 2753 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place National 2 Pl Date 3-30-35, 19

19. UNDERTAKER: P. J. Smyth
(Address) 1020 Ashburton St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 ..... 1934 to March 28/35. 19.....
I last saw h.. alive on March 27. 1935. Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan-1934

Other contributory causes of importance:

Myocarditis	March 28 35 Jan 1/34

Name of operation none Physical Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Dubbatt M. D.

(Address) 2220 Garrison Blvd

M. D. B. 268-F 11144

F 11144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 N Calvert St., 11 Ward)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Stewart Wlk

(a) Residence: No. 039 N Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) March 1935
11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Park
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Flora Pollard
(Address) 1110 N Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date March 30 1935

19. UNDERTAKER Henry Hopkins Son & Co
(Address) Carlton & Mulberry

20. FILED MAR 29 1935 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1934 to March 28, 1935
I last saw h... alive on March 28, 1935 Death is said to have occurred on the date stated above, at 8:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	any yrs
Other contributory causes of importance: Cardiac asthma	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Flora Pollard M. D.
(Address) 1110 N Eutaw St

M. D. B. 1268-9

F 11145

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11145

✓ 46-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore Gen'l Hosp
CITY OF BALTIMORE: (No. Fayette & Maryland St., 15 Ward)
Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Hyman
(a) Residence: No. 1627 Payson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Hyman
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Betty Hyman
(Address) 1627 Payson ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date March 29, 1935

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Baltimore St

Filed 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935, to March 28, 1935
I last saw him alive on March 28, 1935 Death is said to have occurred on the date stated above, at 9 50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Stomach	?
Other contributory causes of importance:	
1. Secondary Anemia	?
2. Bronchopneumonia	3/26

Name of operation None Date of
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Jean Aghman, M. D.
(Address) West Baltimore Gen'l Hosp.

M. D. P. 1268

F 11146

2970 F 11146

F 11146.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-D

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura L Peters

(a) Residence: No. 1203 W Franklin St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 5/30/75

7. AGE: Years 59; Months 6; Days 27; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME Wm Matthews

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Mar. 31, 1935

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N. Schroeder St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1935 to Mar 27, 1935

I last saw her alive on Mar 27, 1935 Death is said to have occurred on the date stated above, at 8 1/2 a m.

The principal cause of death and related causes of importance were as follows:

Cancer — Date of onset 3/15/32

Other contributory causes of importance: Intestinal obstruction, Carcinoma of the rectum. — Duration 5 months.

Name of operation Colostomy — Date of 3/14/35

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

C. D. B 1268

F 11147

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11147

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E Bentley

(a) Residence: No. 627 Forney Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 10/67

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70		17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Tammond

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mary E and (cousin)
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr 1, 1935

UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St

FILED APR 2 1935 19..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance: Accidental Fracture of Left Femur

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Oct 24, 1934

Where did injury occur? 627 Forney Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fract L Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B Fosenaugh MD M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. D. 1268-9

1148

F 11148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. 5

1. PLACE OF DEATH Baltimore City Hospital Tuberculosis Division

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Jennings

(a) Residence: No. 109 Aisquith st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Jennings

6. DATE OF BIRTH (month, day, year) Feb. 10, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown odd

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Joshua Jennings

14. BIRTHPLACE (city or town) (State or country) Unknown Balt.

15. MAIDEN NAME Virginia ? Hard.

16. BIRTHPLACE (city or town) (State or country) Unknown Balt.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 30 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st.

20. Filed 3 1935 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935 to March 27, 1935

I last saw h im alive on March 27, 1935. Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer M. Jacobson M. D.

(Address) Baltimore City Hospital

M. D. F. 1268-9

F 11149

1149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 176

1. PLACE OF DEATH South Baltimore General

Registered No.

CITY OF BALTIMORE: (No. 1213 Light St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Capt. George F. Kennard

(a) Residence: No. 1810 Rosedale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie Kennard

6. DATE OF BIRTH (month, day, year) May 11, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Captain of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept 803

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Baltis Kennard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna Caron

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nellie A. Kitzberger

(Address) 1810 Rosedale St. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Mch. 30 1935

19. UNDERTAKER John C. Whitehill Sons

(Address) 1700 Eutaw Place

MAR 29 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1935, to March 28, 1935.

I last saw him alive on March 28, 1935. Death is said to have occurred on the date stated above, at 5.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Pancreatitis	Unknown

Other contributory causes of importance:

Chronic nephritis
Chronic Nephrosclerosis
Myocardiosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. N. Corbett, M. D.

(Address) South Baltimore Gen.

M. D. F. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11150 F 11150

CERTIFICATE OF DEATH

34-95-8
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 424 Howard Terrace St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aubrey Wingfield
(a) Residence: No. 424 Howard Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Wingfield

6. DATE OF BIRTH (month, day, year) Dec. 25, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	49	3	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bessie Wingfield
(Address) 424 Howard Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 3/30/ 1935

19. UNDERTAKER Frances A. Wemble
(Address) 917 W. Biddle St.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1934 to 1934
I last saw him alive on Oct 1934. Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Condition	
Gastritis	
Hemorrhage in St Jo's City Hosp.	

Other contributory causes of importance:
Gastritis

Name of operation Date of No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. H. Stocking M. D.
(Address) 6836 York Rd

M. D. B. 1268-9

11151

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11151

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Druid Hill Ave 14th Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F Smith

(a) Residence: No. 1816 Druid Hill, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hartley E Smith

6. DATE OF BIRTH (month, day, year) Jan 6. 1885.

7. AGE 50 Years	Months 2	Days 22.	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Princess Anne's Co. Md.

FATHER

13. NAME Sampson Riney

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Roberson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hartley E Smith

(Address) 1816 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 3/31/ 1935

19. UNDERTAKER Frankes A Hemsley

(Address) 575 W. Biddle St

20. FILED APR 20 1935 By Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/18/35 to 3/28/35

I last saw h alive on 3/27/35 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

(a) Chr Interstitial Nephritis
+ Myocarditis

Date of onset

Other contributory causes of importance:

Exhaustion

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H P Boucher M. D.

(Address) 825 N. Fremont Ave

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11152 11152

CERTIFICATE OF DEATH

V 181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9 Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edgar Green

(a) Residence: No. 1701 E 28th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida C Green

7. DATE OF BIRTH (month, day, year): March 4. 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Utility Railway

10. Date deceased last worked at this occupation (month and year): Feb 1935

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Daniel S Green

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Ida C McDonald

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Ida C Green

(Address) 1701 E 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Date Mar 30th 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1/2 Day

Other contributory causes of importance: 3rd Burns 7 & foot 5 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 21 1935

Where did injury occur? Carroll Park Shop (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Employed by Md Electric Ry

Manner of injury Stepped off Hot R.R. Lead

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify at work

(Signed) James M Fenton M. D. Coroner

(Address) 702 E Chase

M. D. F. 1268-9

1153 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11153

CERTIFICATE OF DEATH

45-2

Registered No.....

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 235 S. Wolfe St., V Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar William Hennick

(a) Residence: No. 235 S. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Hennick

6b. DATE OF BIRTH (month, day, year): March 9 - 1857

6c. AGE: Years 78 | Months — | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baust Chemical Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York City

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): N. Y. City

15. MAIDEN NAME: Anna ?
16. BIRTHPLACE (city or town) (State or country): N. Y. City

17. INFORMANT: Catherine Hennick
(Address) 235 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place: Oakland Date: 3/30/35 19

19. UNDERTAKER: Wilbur Cook
(Address) 1217 St Paul St.

20. FILED ..... 19..... Registrar.

MAR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27 1935 to March 28 1935
I last saw him alive on March 28 1935. Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of lower lip	March 1935
Valvular heart disease	"

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis: Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Silverstein M. D.

(Address) 27 S. Broadway

M. D. F 11154 Reth. F 11154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 51-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen Hosp St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Reth

(a) Residence: No. 1129 Riverside Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) July 12. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Peter Reth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Francis Reth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Reth.
(Address) 1129 Riverside

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdown Date 3/30 . 19 35

19. UNDERTAKER E & R. Hurley
(Address) 1128 W Lexington St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/18/35 . 19 ... to 3/28/35 . 19 ... I last saw h im alive on 3/27/35 . 19 . Death is said to have occurred on the date stated above, at 9:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of urinary bladder	4 years
Other contributory causes of importance:	
congestion Pneumonia	3/27/35

Name of operation Supra pubic cystotomy Date of 4 years

What test confirmed diagnosis? Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Isaac Miller M. D.

(Address) 1225 N. Charles St

M. D. F 11155

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11155

34 - 107a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Hall

(a) Residence: No. 1017 McDonough St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Lewis Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nettie Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Susie Hall 1017 McDonough

18. BURIAL, CREMATION, OR REMOVAL Place Nationalcemt Date 3-30-, 1935

19. UNDERTAKER Byron Thamis M. Wright (Address)

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	
Other contributory causes of importance: Leukemia following Arsphenimine treatment	
Syphillis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state fully .....

(Signed) J. H. Mace Coroner, M. D.

(Address) for E. Vanson

M. D. F 11156

F 11156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto. Gen. Hosp. St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lori Jane Scott

(a) Residence: No. So Balto. Gen. Hosp. St., 2800 W. Mosher Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/22/'35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Father Henry Scott

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mildred Rae Hornberger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother

(Address) 2800 W. Mosher Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Universal Funeral Home Date ... 19...

19. UNDERTAKER Universal Funeral Home

(Address)

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/22/ 1935 to 3/27/ 1935.

I last saw her alive on 3/27/ 1935. Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Pre eclamptic Toxemia of mother

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Webb M. D.

(Address)

M. D. B. 1208-9

F 11157

1157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 N. Ellwood St., ate Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth 53 yrs. mos. ds.

2. FULL NAME Josephine Malczewski

(a) Residence: No. 1200 N. Ellwood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Wojciech Kordonski

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mary Malinowski

(Address) 1200 N Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date March 30 1935

19. UNDERTAKER Stephen J. Fialkowski Inc

(Address) 1000 N. Kenwood ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21st 1935 to March 27th 1935

I last saw her alive on March 22nd 1935 Death is said to have occurred on the date stated above, at 1405 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Dis.	2 yrs ago

Other contributory causes of importance:

none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Wimer M. D.

(Address) 308 S. B'way

H. D. P. 1268-9

F 11158

11158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Burns

(a) Residence: No. 2713 Riggs ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Burns

DATE OF BIRTH (month, day, year) Sept 28 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John E Couch

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catharine Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Catherine E Daley

(Address) 2713 Riggs ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4 1 1935

UNDERTAKER John J Conway & Son

(Address) 601 N Gilmor St

FILED 4-2-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h alive on March 29 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck of Femur Fall and shock Died at home accident	4 wks
Other contributory causes of importance: Bronchial Pneumonia following Chronic Pancreatitis	2 days

Name of operation Blating Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, ~~suicide, or homicide?~~ Yes Date of injury Feb 25 1935

Where did injury occur? 2713 Riggs ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fracture neck of Femur

Nature of injury Fall from bed floor

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James McFarlan M. D. Coroner

(Address) 700 Chart

M. D. B. 1268-9

11159

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11159

CERTIFICATE OF DEATH

192a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5700 Cross Country Blvd St. 27 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Lutz

(a) Residence: No. 5700 Cross Country Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Robie

6. DATE OF BIRTH (month, day, year) July 20, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Henry Lutz
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Burgan
16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs. Marie Lutz
(Address) 5700 Cross Co. Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Mar 30. 1935

19. UNDERTAKER Rita Wiedefeld
(Address) 714 Greenmount Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23. 1935 to March 27 1935
I last saw him alive on March 27 1935 Death is said to have occurred on the date stated above, at 7.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Other contributory causes of importance: Hypostatic Pneumonia	3/25/35

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Pietet M. D.
(Address) 4803 Fair Heights Ave

M. D. B 1268-9

F 11160

HEALTH DEPARTMENT—CITY OF BALTIMORE

11160

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Lemmert St., 10-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Leach (Leach)

(a) Residence: No. 822 Lemmert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 28 '35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Leach

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Lucie Jones

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs Leach
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U. of M. Med School Date Mar 29 1935

19. UNDERTAKER
(Address)

FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
6 - Hours	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Cooley M. D.
Coroner

(Address) 822 Lemmert

M. D. P. 1268-0

11161 F 11161

11161 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 25

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Champ Harris

(a) Residence: No. 609 N. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 1/28/75

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Anderson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cinthia

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Self

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lindsay Va Date 3 30 35 19

19. UNDERTAKER Franklin & Seitz

(Address) 711 West 32nd St

29 1935 Huntington Ave. Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/16 1935 to 3/26 1935

I last saw him alive on 3/26 1935 Death is said to have occurred on the date stated above, at 5:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	2/15/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

AAGo. 5-11 2108

F 11162

11162 HEALTH DEPARTMENT CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Walbrook Ave St., 15 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Thomas Matthews

(a) Residence: No. 3101 Walbrook Ave St., ... Ward. Hampstead Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Catherine Matthews

7. DATE OF BIRTH (month, day, year) July 1 - 1850

8. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	84	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - 2013

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edward Matthews

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Paul Matthews
(Address) 3101 Walbrook Ave, Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Hampstead Md Date 3-31, 1935

19. UNDERTAKER Edw C Fisher
(Address) Hampstead Md

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935, to March 29, 1935

I last saw h... alive on March 28 1935 death is said to have occurred on the date stated above, at 6-30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/25/35
Heart failure	

Other contributory causes of importance:

Arterio Sclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Maurice F. Thomas M. D.

(Address) 3300 N. North Ave

H. D. B. 1268-9

1163

F 11163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1248 Williams St., 24th Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry Kennedy

(a) Residence: No. 1248 Williams St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jane Hopkins

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: abt 72 | Months: - | Days: - | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Eng 32

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME: Patrick Kennedy

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Anna Kelly

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs J Kennedy
(Address) 1248 Williams

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem Date: 3/30/35 19..

19. UNDERTAKER: J. J. Fahey & Sons
(Address) 1315 Light St

20. FILED: 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Mar 27, 1935

I last saw him alive on Mar 27, 1935. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	...
Arteriosclerosis - Myocarditis	...
Old age	...

Other contributory causes of importance:

Senile arteriosclerosis	"

Name of operation: — Date of ...

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul E Steiner, M. D.

(Address) 124 S Light St

H. D. F. 1208-9

F 11164

1164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 St. Paul St. St., 12 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary B. Mathews

(a) Residence: No. 2819 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis P. Mathews

7. DATE OF BIRTH (month, day, year) Dec. 8, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockville, Conn.

13. NAME Henry Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Norton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT H. B. Mathews

(Address) 800 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 3/30/35 19

19. UNDERTAKER Henry R. Means & Son

(Address) 1128 N. Calvert St.

20. FILED Mar 30 1935 Huntington Williams Registrar

NPW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1935 to Mar 28, 1935

I last saw h alive on Mar 28, 1935 Death is said to have occurred on the date stated above, at noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	3/14/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Louis Banks M. D.

(Address) 5 Chase Road

M. D. F. 8-9 F 11165 ✓ F 11165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 W. Fayette St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F W. Dankmeyer

(a) Residence: No. 658 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) of Edith M Dankmeyer

7. DATE OF BIRTH (month, day, year) Aug 7 - 1873

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alex Balto

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John F W Dankmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edith M. Dankmeyer
(Address) 658 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Ex Paul Druid Hill Park Date 5/30 1935

19. UNDERTAKER William Coste
(Address) 1217 St Paul St.

20. FILED MAY 30 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1935 to Nov 27, 1935 last saw h[illegible] alive on Nov 27, 1935 Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	?
Coronary Thrombosis	
Other contributory causes of importance:	
Acute Cardiac Dilitation	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Glassman, M. D.

(Address) 753 W Fayette

F 11166 ✓ F 11166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Patapsco St., 73 Ward)

Length of residence in city or town where death occurred 43 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian J. Steinbach

(a) Residence: No. 1701 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Steinbach
7. DATE OF BIRTH (month, day, year): June 10, 1892
8. AGE: Years 43; Months 8; Days 18; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Balto. Md.
13. NAME: Benjamin Mills
14. BIRTHPLACE (city or town) (State or country): Essex Co.
15. MAIDEN NAME: Hattie Allen
16. BIRTHPLACE (city or town) (State or country): Essex Co Va
17. INFORMANT (Address): Samuel E Laid 44 E Baltimore St
18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Pk Date April, 1935
19. UNDERTAKER (Address): A. Bernard Evans 21 E Fayette Ave
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to May 28 1935. I last saw her alive on May 28 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

3/29/35 (Signed) R. E. Campbell M. D.
(Address) 1644 Hanover St

M. D. B. No. F 11167 ✓ F 11167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Helen Dorothy Schillfarth

(a) Residence: No. 1632 Hope St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15/1931

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
3	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fullerton, Md.

MOTHER FATHER

13. NAME Frederick G. Schillfarth

14. BIRTHPLACE (city or town) (State or country) 3103 Brehm's Lane Balto., Md.

15. MAIDEN NAME Mollie Hoffman

16. BIRTHPLACE (city or town) (State or country) Overlea, Md.

17. INFORMANT Frederick G. Schillfarth
(Address) 1632 Hope St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Can Date 4/1/35 19..

19. UNDERTAKER Fred Zagzalm Son
(Address) 740 Edmondson Ave.

20. FILED ....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26/35 19..

22. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....19....

I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns over abdomen & buttocks	3/26/35

Other contributory causes of importance:

Name of operation ....Date of....

What test confirmed diagnosis? ....Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 3/26/35

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Unset coffee pot from coal range in home while

Manner of injury on chair.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ....Coroner

(Address) 508 E Northern ....M. D.

M. D. F. 1268-9

F 11168

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11168

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 18 Ward)

Length of residence in city or town where death occurred: life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank James Lupton

(a) Residence: No. 864 N. Dayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/29/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James Lupton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary O'Lannerey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bd H

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date April. 1935

19. UNDERTAKER John Ulrich

(Address) 2102 Arsenal

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1935 to 3/29, 1935

I last saw him alive on 3/29, 1935. Death is said to have occurred on the date stated above, at 2 50 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Myocardial insufficiency	3 wks.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward A Reiter M. D.

(Address) Balto City Hosp

F 11169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11169

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. 7 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 63 yrs. ... mos. ... ds.

2. FULL NAME Ernest Loux

(a) Residence: No. 1926 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married.

6a. If married, widowed, or divorced: HUSBAND of (~~or WIFE~~) Mrs. Sophia Loux.

7. DATE OF BIRTH (month, day, year) Dec 12, 1860

8. AGE: Years 75 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Store

10. Date deceased last worked at this occupation (month, day, year) Mar. 1935 | 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Unknown. Baltimore, Md.

13. NAME Louis Loux

14. BIRTHPLACE (city or town) (State or country) Unknown. Germany.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown. Germany

17. INFORMANT Mrs. E. T. Hardtke.
(Address) McElderry Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date March 30 1935

19. UNDERTAKER John Ulrich
(Address) 2008 Eastern

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1935 to Mar. 28, 1935

I last saw him alive on Mar. 28, 1935. Death is said to have occurred on the date stated above, at 1:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Nephritis Chronic	1920
Benign Prostatic Hypertrophy	1920
Uraemia	3/26/35
Other contributory causes of importance: Cholelithiasis.	?

Name of operation None. Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) W. Galen Hatz M. D.
(Address) Church Home & Inf.

H. D. B. 1268-9

F 11170

F 11170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Alban Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 10 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM M. MILLER

(a) Residence: No. 5507 Alban Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Miller

7. DATE OF BIRTH (month, day, year) May 11, 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contr

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Katie A. Miller
(Address) 5507 Alban Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date March 31, 1935

19. UNDERTAKER ~~Druid~~ ~~Ridge Cem~~
(Address) ~~5507 Alban Ave~~ John Allen & Son 1501 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935 to March 28, 1935

I last saw h— alive on March 26, 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3 wks

Other contributory causes of importance:

Coma — 3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank C Bonner, M. D.

(Address) 1255 Mary

D. B 1268-9

F 11171

11171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square 25 St., Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James L. O'Donnell

(a) Residence No. 813 Uneeda Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Maude O'Donnell

DATE OF BIRTH (month, day, year) Sept. 21-1898.

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	36	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grey Cab Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0023

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles R. O'Donnell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Cecilia F. Fralye Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs Cecilia F Davis

(Address) 813 Uneeda Ave

17. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park C. Date 3/30/35 19

UNDERTAKER P. B. Stephenson & Son

(Address) 1300 Eutaw Place

FILED 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	Mar. 25 1935

Other contributory causes of importance:

Accident

Name of operation Date of

What test confirmed diagnosis Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-25, 19 35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place - Street

Manner of injury Fall on Pavement

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jeff L. Cohen M. D. Coroner

(Address) 1176 Pouch Broadway

M. D. P. 1-9 F 11172 ✓ F 11172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Aisquith St., 10 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola N Walker (Cottman)

(a) Residence: No. 902 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm(?) Walker

6. DATE OF BIRTH (month, day, year) July — 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress 041

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Archers Laundry

10. Date deceased last worked at this occupation (month and year) About 3 months ago

11. Total time (years) spent in this occupation Several

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME — Northern

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Laura Anderson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Selma Cottman (Address) 912 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date 7/1/ — 1935

19. UNDERTAKER Mrs Laura D. Bailey (Address) 1421 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25 1935 to March 29 1935

I last saw her alive on March 29 1935. Death is said to have occurred on the date stated above, at 10.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 Ds.
Other contributory causes of importance:	
Ulcer Stomach	?
Chr Endocarditis	?
Acute Dilatation Asthma	

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarthy M. D.

(Address) 1114 Hollins

C. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

11173 11173

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N. Calhoun St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred D yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ada Lee Clay

(a) Residence: No. 430 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William

7. DATE OF BIRTH (month, day, year) Jan 2 - 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loudoun Co. Va

13. NAME Daniel Christopher

14. BIRTHPLACE (city or town) (State or country) Loudoun Co. Va.

15. MAIDEN NAME Jackson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Pearl Coleman

(Address) Purcellville Va

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/31/35 19

19. UNDERTAKER Mrs George A Foller

(Address) 1031 Druid Hill

20. FILED MAR 30 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 19 35

22. I HEREBY CERTIFY, That I attended deceased from 3-23, 1934, to 3-28, 1935

I last saw h[illegible] alive on 3-28, 1935 Death is said to have occurred on the date stated above, at 2.20 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uteri Stomach

Date of onset Unknown

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Gorman M. D.

(Address) 111 W. Lanvale St. Balto Md.

M. D. B. 1268-9

11174

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11174

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 W Lafcast St., 16 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Jones

(a) Residence: No. 830 W Lafcast St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. M. Jones

6. DATE OF BIRTH (month, day, year) Dec 26 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Houston Texas

13. NAME Robert Stewart

14. BIRTHPLACE (city or town) (State or country) Louisiana

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT Wm. M. Jones

(Address) 830 W Lafcast

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date 3/31/33 19

19. UNDERTAKER Mrs. Lorenzo Bolyard

(Address) 1220 Druid Hill Ave

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1933 to March 28 1933

I last saw her alive on 25 March 1933 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency — Condition — Date of onset Months

Other contributory causes of importance: Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H K Jones M. D.

(Address) 117 N Carey St

M. D. B. 1268-9

F 11175

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11175

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Campbell.

(a) Residence: No. 412 Somerset. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph.

6. DATE OF BIRTH (month, day, year) 5/28/82

7. AGE: Years 52 | Months 10 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Isaac Smith

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Francis Finney.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Dennie Park Campbell

(Address) Above address.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date April 1 1935

19. UNDERTAKER Edw Byron

(Address) 1631 Pleasant st.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/29 1935 to 3/28 1935

I last saw her alive on 3/28 1935 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration	Interval between onset and death
Myocardial insufficiency	2 days	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1269-9

F 11176

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11176

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3921 Roland Ave St. 13 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gerhardt Otten

(a) Residence: No. 3921 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christina Otten

7. DATE OF BIRTH (month, day, year) June 23, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Christina Baldwin

(Address) 3921 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Mary's Hampden Date March 30, 1935

19. UNDERTAKER Thanowetzer

(Address) 3015-17 Eastern Ave.

20. FILED MAR 30 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934 to March 28, 1935

I last saw h in alive on March 27, 1935 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1932
Hypostatic Congestion	7 days

Other contributory causes of importance:

Senility

Name of operation Physical Examination Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Davis M. D.

(Address) 8 E. Mt. Vernon Pl.

D. B. 1268-9

✓ F 11177

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11177

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2714 Mosher St., 16 Ward)

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Van Holten

(a) Residence: No. 2714 Mosher St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Louis H. Van Holten

DATE OF BIRTH (month, day, year) Dec 8 1847

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

13. NAME OF FATHER William McCarty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Eliza Prentiss

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Frances M. Van Holten

(Address) 2714 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date April 1 19 35

19. UNDERTAKER H. T. Lemmert Sons

(Address) 1000 Eutaw Pl.

FILED Apr 1 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 17 1935 to Mar 28 1935

last saw her alive on Mar. 28 1935 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	Mar 17, 1935

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter E. Krumbhaar M. D.

(Address) 1013 Eutaw Place

M. D. P. 1268-9

F 11178

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11178

CERTIFICATE OF DEATH

15

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp · St., 15-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah C. Griswould.

(a) Residence: No. 1705 Bloomingdale Rd. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year): 3/12/1868.

7. AGE: Years 67 | Months 0 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Noah Stockedale

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Ellen Gettier

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Records B C H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Apr. 1, 1935

19. UNDERTAKER: W. M. Lackey & Son

(Address): North & Pulaski

20. FILED: APR 1 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/18, 1935 to 3/28, 1935

I last saw h[illegible] alive on 3/28, 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Erysipelas	6 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reyle M. D.

(Address) Balto City Hosp.

T. D. B. 1268-9

F 11179

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11179

107-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 St Paul St., 17 Ward)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna B. Maisch

(a) Residence: No. 2503 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fred K. Maisch

7. DATE OF BIRTH (month, day, year) Dec. 16, 1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bremen Germany

13. NAME Henry C Bischoff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eliza VonWerthoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Frances M. Maisch

(Address) 2503 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 1, 1935

19. UNDERTAKER Wm. Hickey Sons

(Address) North & Fulton Aves.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1935 to March 27, 1935

I last saw her alive on Mar 27, 1935 Death is said to have occurred on the date stated above, at 6.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchio	3-10-35

Other contributory causes of importance:

none

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of Injury X

24. Was disease or injury in any way related to occupation of deceased?

X If so, specify X

(Signed) C. Van Williams M. D.

(Address) 1200 Eutaw

F. D. B. 1268-9

F 11180

F 1118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4411 Garrison Blvd. 15 Ward)

Length of residence in city or town where death occurred 61 yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wesley M. Yearley

(a) Residence: No. 4411 Garrison Blvd., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edith M. Yearley

DATE OF BIRTH (month, day, year) Feb. 13, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) Mar. 1935

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William H. Yearley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Emma Hall

16. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

17. INFORMANT Mrs Edith Yearley

(Address) 4411 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 1935

19. UNDERTAKER Wm. F. Burkert & Sons

(Address) Druid & Linden Aves.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 1935 to March 28, 1935

I last saw him alive on March 28, 1935 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver — Date of onset 1934

Other contributory causes of importance: Influenzal pneumonia — 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) George M. Ertle M. D.

(Address) 2435 Maryland Ave.

F 11181

F 11181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 W Saratoga St. 70 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar W Meineke

(a) Residence: No. 1836 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Elizabeth

DATE OF BIRTH (month, day, year) Feb 9 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Meineke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louisa Brandt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth A Meineke

(Address) 1836 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 4 1931

19. UNDERTAKER Charles H Kellner

(Address) 1501 Edmondson Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1931

22. I HEREBY CERTIFY, That I attended deceased from March 15 1931 to March 28 1931

I last saw h alive on March 28 1931 Death is said to have occurred on the date stated above, at 1030 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary obstruction.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 812 S Paca St

H. D. B. 1268-9

Cyrus Shuler ✓ F 11182

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11182

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 93-C

CITY OF BALTIMORE: (No. ... St., 26 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cyrus Shuler

(a) Residence: No. Colley P.O. Anne Arundel Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR or RACE Colored

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Jennie Shuler

DATE OF BIRTH (month, day, year) July 8 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	58	8 ?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Feb

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Augusta, Ga

13. NAME OF FATHER Baldwin Shuler

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME OF MOTHER Jennette ?

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records

(Address) ...

18. BURIAL, CREMATION, OR REMOVAL

Place Magothy Cem Date 3/31/35 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Monument St

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 35 to March 27 35

I last saw him alive on March 27 1935 Death is said to have occurred on the date stated above, at 4:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General with Gangrene of 1st & 2nd toes Right Foot	Weeks ago
Other contributory causes of importance: Arteriosclerotic Heart disease	Years ago

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel H Long M.D.

(Address) Baltimore Hospitals

D. H. 1268-9

F 11183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11183

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Hinton

(a) Residence: No. 1351 Carroll St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Dempsey Hinton

6. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home do

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Dempsey Hinton

(Address) 1351 Carroll St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cemty Date 3/31 1935

UNDERTAKER Walter B. Spicer

(Address) 132 W Hamburg St.

FILED ..... 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Zeller Coroner, M. D.

(Address) R 139 Eastern Ave.

D. [illegible] 265

F 11184

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11184

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 24

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George M. Sweese.

(a) Residence: No. 114 Baltimore Ave. Dundalk, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) July 17, 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pneumatic operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 ft 6

BIRTHPLACE (city or town) (State or country) Wheeling, W. Va.

13. NAME George Sweese.

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Ruby Frye.

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT Howard Frye. (brother)

(Address) 114 Baltimore Ave. Dundalk, Md

BURIAL, CREMATION, OR REMOVAL

Place Wheeling W. Va. Date 3/30, 1935

UNDERTAKER Wm Cook

(Address) 1217 E. Paul St. Baltimore Md

FILED [illegible] 3/30/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Otto M. Feinhardt, M. D.

3/30/35 (Address) 1017 E. Charles St. Coroner

F 11185

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11185

CERTIFICATE OF DEATH

✓ 93 II

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 18 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Maley.

(a) Residence: No. 817 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 11/16/69.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0045

10. Date deceased last worked at this occupation (month and year) Nov. 1935 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) New York.

13. NAME John Maley

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Josephine Legg.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records B C H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Washington, D C Date Mar 30 1936

19. UNDERTAKER H. J. Tucker & Sons
(Address) Inc.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/26 1936 to 3/30 1936

I last saw him alive on 3/30 1936 Death is said to have occurred on the date stated above, at 2.55 p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency 18 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roland A. Reiter M. D.

(Address) Balto City Hosp

F 11186

D. P. 1265-9

29

HEALTH DEPARTMENT—CITY OF BALTIMORE

11186

CERTIFICATE OF DEATH

X 11-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanley Murryman

(a) Residence: No. Ocilla Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/28/34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Stanley Murryman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rose Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Reynolds

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date April 1, 1935

19. UNDERTAKER E. Hyndman Boyd Jr.

(Address) Ellicott City Md

20. FILED 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1935 to Mar 30, 1935

I last saw h[illegible] alive on March 30, 1935 Death is said to have occurred on the date stated above, at 12 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchio-	about 5 weeks ago
Dysentery.	about month 16 ft
Septicaemia B Dysenteriae.	Mar 23

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sydie B Edwards, M. D.

(Address) 5 11 14

D. H. 1268-9

F 11187

1187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3301 Elmore Ave (Ward) 8

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice M. Kirwin

(a) Residence: No. 3301 Elmore Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of William P. L. Kirwin

DATE OF BIRTH (month, day, year) Nov 11 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

13. NAME Peter Brindle

14. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

15. MAIDEN NAME Elizabeth Snively

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa.

17. INFORMANT Wm P. L. Kirwin

(Address) 3301 Elmore Ave

18. BURIAL, CREMATION, OR REMOVAL Place Chambersburg Pa Date Mar 31 35

19. UNDERTAKER Henry W. Fuhrman Sons Co

(Address) 1516 Orchard St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Mar 29 1935

I last saw h[illegible] alive on Mar 28 1934 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus

Chronic Nephritis

Uremia

Date of onset

Other contributory causes of importance:

Phlebitis

Pulmonary Embolus

Name of operation ... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Tandler M. D.

(Address) 617 Park Ave

(Morris)

F 11188

H. D. B. 1268-9

11188 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 N. Fulton ave St., 15 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(EBR)

2. FULL NAME (Abraham) Morris

(a) Residence: No. 1827 N. Fulton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing

10. Date deceased last worked at this occupation (month and year) 1903 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Morris

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie Rensler

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Morris

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date March 31, 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1934, to May 29, 1935

I last saw him alive on May 29, 1935. Death is said to have occurred on the date stated above, at 10 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of prostate.	1 Yrs

Other contributory causes of importance:

(1. Suprapubic cystotomy
2. Implantation of radium into prostate) Date of 10/6/34

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Benj. L. Altenhauser M. D.

(Address) 825 Mid Atl Bldg

M. D. B. 1268-9

F 11189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11189 98 ✓ 46-5

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 28 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Norris

(a) Residence: No. 4501 Kathland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John Norris

6. DATE OF BIRTH (month, day, year) 2/17/72

7. AGE — Years: 63 | Months: 1 | Days: 12 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME William Mill

14. BIRTHPLACE (city or town) (State or country) La

15. MAIDEN NAME Mildred Sinclair

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 4/1 1935

19. UNDERTAKER George Smith
(Address) 1900 Eutaw place.

20. FILED 4-1-1935 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25 1935 to March 29 1935

I last saw her alive on March 29 1935 Death is said to have occurred on the date stated above, at 2p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas — Date of onset 3-21-35 (?)
Intestinal obstruction
(con metastases)

Other contributory causes of importance:
Aspiration pneumonia
Peritonitis

Name of operation: Exploratory laparotomy, Plastomy, Enterostomy, Release of adhesions — Date 3-28-35

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (No)
If so, specify

(Signed) Jos. A. Brennemann M. D.

(Address) Johns Hopkins Hospital.

H. D. P. 1268-9

11190

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11190

CERTIFICATE OF DEATH

✓ 93-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Whitelock St., 13-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Jamie Wolfe

(a) Residence: No. 923 Whitelock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Wh	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~~Wm~~ ?

DATE OF BIRTH (month, day, year) 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Bussard

13. NAME Nation Bussard

14. BIRTHPLACE (city or town) (State or country) Bussard

15. MAIDEN NAME Seibert

16. BIRTHPLACE (city or town) (State or country) Bussard

17. INFORMANT Nathan Wolfe - Son

(Address) 2008 Bandy

18. BURIAL, CREMATION, OR REMOVAL Holshaw Mt Carmel Date 3/31/35 19

19. UNDERTAKER Jack Lamb Inc.

(Address) 1932 E. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1935 to March 30, 1935

I last saw her alive on March 24, 1935 Death is said to have occurred on the date stated above, at 9 41 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Arteriosclerosis	
Chronic bronchitis	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical & C.C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor L. Levy M. D.

(Address) 2324 Eastern Ave

F. D. B 1268-9

F 11191

11191 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2731 Maryland Ave Ward 17)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Eugene Jackins

(a) Residence: No. 2731 Maryland Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (~~wife~~) of Jennie A Jackins

7. DATE OF BIRTH (month, day, year) April 11, 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. & G. C&GS.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Washington Md

13. NAME Joseph Jackins

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT (Address) Jennie A. Jackins 2731 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Samsdan April 21 1935

19. UNDERTAKER (Address) Tom Cook 1217 St Paul St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935 to March 30, 1935

I last saw h— alive on March 30, 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Myocarditis	Mar 18 '35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 5600 York Rd.

H. D. P. 1268-9

F 11192

1192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Chesterfield Ave Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Jane Nicholson

(a) Residence: No. 2815 Chesterfield Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas G Nicholson

7. DATE OF BIRTH (month, day, year) Jan-30-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Pilkington

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elizabeth Keller

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT George B. Nicholson

(Address) 2815 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 2 1935

19. UNDERTAKER Williams Boone

(Address) 1217 St Paul Street

FILED ... 19 ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 28 1935 to Mar 30 1935

I last saw h alive on Mar 29 1935 Death is said to have occurred on the date stated above, at 1245 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion & Toxemia	

Other contributory causes of importance:

Cancerous of Stomach	

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide — Date of injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Chas. Emmons, M. D.

(Address) 4706 Harford

D. B. 1268-9

F 11193

11193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 No. Gorman Ave. 20 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Michael

(a) Residence: No. 9 No. Gorman Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Pauline V. Michael

DATE OF BIRTH (month, day, year) Apr. 14-1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Enamel Co.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 90

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME — Michael

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Rheinhardt

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Pauline Michael

(Address) 9 No. Gorman Ave.

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 4/1/ 1935

UNDERTAKER Wm. Cook

(Address) 1217 St Paul St.

FILED 1935 ..., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Inquest 19..... Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	3/28/1935
Other contributory causes of importance: Chronic Arthritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis Inquest Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Jas. L. Voshell M. D. Coroner

(Address) 16 No. Broadway

pec.—1-30—M. & T.—250 Bks.

F 11194

11194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 95-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 704 Springfield Ave ST., 27 WARD)

2-FULL NAME Mary Truman Heck

(a) RESIDENCE NO. 704 Springfield Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of or) WIFE of Lewis Heck

DATE OF BIRTH (month, day, and year) May 12th, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Winchester, Va.

10 NAME OF FATHER Charles R Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Olivia Allison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

Informant Lewis H. Heck

(Address) 704 Springfield Ave.

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 29th, 19

17 I HEREBY CERTIFY, That I attended deceased from Jan 17th, 1933 to March 29th, 1935, that I last saw h[illegible] alive on March 28th, 1935, and that death occurred, on the date stated above, at 6:30 A. m.

The CAUSE OF DEATH* was as follows:

Hypertension [illegible]

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Lewis R Tuxbury M. D.

3/29, 1935 (Address) 300 E. 31st St Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Park

DATE OF BURIAL 4/1/ 1935

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

1935

M. D. P. 1268-9

✓ F 11195

1195 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Hicks

(a) Residence: No. 218 N. Bond St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Rose Hicks

6. DATE OF BIRTH (month, day, year): 3/30/98.

7. AGE: Years 36 37. | Months 11 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas & Elec. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: Edward

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Emma Jones.

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National cem. Date 4-1- 1935

19. UNDERTAKER: Byron & Manick & Wright

(Address) 1211 McElderry St

Filed ... Registrar.

APR 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/22, 1935 to 3/27, 1935

I last saw him alive on 3/27, 1935 Death is said to have occurred on the date stated above, at 2a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	4 yrs.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

✓ F 11196

HEALTH DEPARTMENT—CITY OF BALTIMORE

11196

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2251 W. Baltimore St. St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Weber

(a) Residence: No. 2251 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Otto George Weber

7. DATE OF BIRTH (month, day, year) January 13, 1860

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1 2	19 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William Lewis

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Ann Whitney

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Howard W. Weber

(Address) 3207 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date April 1, 1935

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED 1935 Thurston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1935 to Mar 28 1935

I last saw her alive on Mar 28 1935. Death is said to have occurred on the date stated above, at 4.20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/25/35
Other contributory causes of importance: Thrombophlebitis	3/26/35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cahn, M. D.

(Address) 2145 W. Baltimore St.

H. D. B. 1268-0

11197 HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 11197

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Fenwick Avenue St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 6 mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Higgins

(a) Residence: No. 2727 Fenwick Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie E. Wernsing

DATE OF BIRTH (month, day, year): Sept. ? 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	6	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Richard E. Higgins

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Marie Nagle

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Annie E.Higgins

(Address): 2727 Fenwick Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery 4/1 19 35

19. UNDERTAKER: Henry W. Meyer Son

(Address): 50 W. Eutaw St.

FILED 1935 Austin [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28, 1935.

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934 to March 28, 1935.

I last saw him alive on March 28, 1935. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	July 1934
Other contributory causes of importance:	
Chronic myocarditis	?
Angina pectoris	July

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jno. B. Sybert, M. D.

(Address) 1802 Harford Ave.

M. D. P. 1268-9

✓ F 11198

11198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S. Howard St. 22 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dimarco.

(a) Residence: No. 226 S. Howard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt.	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Marketing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Francesco Dimarco.

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Anna Greco

16. BIRTHPLACE (city or town) (State or country) Baltimore Italy

17. INFORMANT Mrs. Dimarco

(Address) 226 S Howard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date apr 1 1935

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1318 Light St.

20. FILED April 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1935 to March 28, 1935

I last saw him alive on March 27, 1935 Death is said to have occurred on the date stated above, at 9 38 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	2/20/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public places

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. A. Immonetti, M. D.

(Address) Medical Arts Bldg

1935

M. D. P. 1268-9

F 11199

HEALTH DEPARTMENT—CITY OF BALTIMORE

1199

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyttendale Hospital) Ward.

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred. A Zieler

(a) Residence: No. 2806 Edmondwood Ave (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Maud Zieler

6. DATE OF BIRTH (month, day, year): Dec 27, 1892.

7. AGE: Years 42 | Months 3 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Linotype Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland Md.

13. NAME: Fred. A. Zieler

14. BIRTHPLACE (city or town) (State or country): Frederick Md.

15. MAIDEN NAME: Maud Copperthite

16. BIRTHPLACE (city or town) (State or country): Cumberland Md

17. INFORMANT: Mrs. Maud Zieler

(Address) 2506 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md Date April 1 1935

19. UNDERTAKER: Josiah Lyfer

(Address) 1600 N. Eutaw Ave

1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 29 1935

22. I HEREBY CERTIFY, That I attended deceased from March 24 1935 to March 29 1935

I last saw h alive on March 29 1935 Death is said to have occurred on the date stated above, at 10:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Typing IV	March 24 1935
Bronchopneumonia	March 24 1935

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) David S. Koogler M. D.

(Address) Lyttendale Hospital.

D. B. 1268-9

F 11200

1200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Calhoun St., 19 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily C. Randles

(a) Residence: No. 534 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Randles

DATE OF BIRTH (month, day, year) March 24, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Sept, 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Samuel Hill

14. BIRTHPLACE (city or town) (State or country) New Orleans Louisiana

15. MAIDEN NAME Susan Payne

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Minnie Lorenz Hill
(Address) 534 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 3/31/25 19

19. UNDERTAKER Mrs. George H. Holland
Address 1933 Huntington Ave. Baltimore, Md.

20. FILED 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-1925

22. I HEREBY CERTIFY, That I attended deceased from 3-14-1925 to 3-28-1925

I last saw her alive on 3-28-1925. Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Surgical Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John C. F. Lemmer M. D.

(Address) 439 N. Carey St

M. D. P. 1268-9

1201 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11201

94-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4515 Weitzel ave St., 27 Ward)

Length of residence in city or town where death occurred 60 yrs. 60 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma G. Slover

(a) Residence: No. 4515 Weitzel ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced HUSBAND (or) WIFE of: James E. Weitzel
7. DATE OF BIRTH (month, day, year): Feb. 9-1854
8. AGE: Years 81; Months 1; Days 20; If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
11. Date deceased last worked at this occupation (month and year):
12. Total time (years) spent in this occupation:
13. BIRTHPLACE (city or town) (State or country): Virginia
14. NAME: Richard Bailey
15. BIRTHPLACE (city or town) (State or country): Virginia
16. MAIDEN NAME: Jane Roberts
17. BIRTHPLACE (city or town) (State or country): Md.
18. INFORMANT: Helen Ashburn
(Address): 4515 Weitzel ave
19. BURIAL, CREMATION, OR REMOVAL: Place Parkwood Date April 1, 1935
20. UNDERTAKER: John A. Myers
(Address): 3000 E. Balto St.
21. FILED: 1935 Huntington Undertaking Co. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/29/1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1935 to March 29 1935

I last saw her alive on March 28 1935. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 3-15-35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify none.

(Signed) L. L. Gorsky, M. D.

(Address)

D. B. 1269-9

11202

F 11202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Arlington Ave 27 (Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Fred Mist Sr

(a) Residence: No. 2918 Arlington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Marie Ramsauer Mist

DATE OF BIRTH (month, day, year) Nov 17-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME of Father John Thomas Mist

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of Mother Maria Kroft

16. BIRTHPLACE (city or town) (State or country) Zedelhagh Germany

INFORMANT Miss Anna B. Mist

(Address) 2918 Arlington Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 1, 1935

UNDERTAKER Charles L. Black

(Address) 742 W. North Ave

FILED ..... 19 ..... Registrar.

APR 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to March 28, 1935

I last saw him alive on March 20, 1935 Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3/27/35
Acute Heart failure	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Name of operation ..... a. Date of .....

What test confirmed diagnosis? Chart Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. W. Bowers, M. D.

(Address) 1512 E. Broadway

D. B. F 11203 ✓ F 11203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 N. Gay, St., 8 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Muhlmickel

(a) Residence: No. 1428 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Muhlmickel

DATE OF BIRTH (month, day, year) June 21-56

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cloak Cutter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Michael Muhlmickel

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Catherine Braun

(Address) 1428 N. Gay St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr. 1st 1935

UNDERTAKER Gus M. Smith & Son

(Address) 511 N. Eutaw St.

FILED 1935 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 35 to 3-29-35

I last saw h.. alive on 3-10-35. Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy Cerebral Hemorrhage	24 hrs
Myocarditis	80

Other contributory causes of importance:

acute Cardiac Dilatation

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in answers to the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

Filed 4/25/35 [illegible]

D. P. 1268-8 F 11204 ✓ F 11204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4706 X 47-8

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Wilhelm

(a) Residence: No. 120 Chestnut-Ave St. S-E Ward. Warren Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Fred —

7. DATE OF BIRTH (month, day, year) 11/a/83

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Edward B Keen

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Frances Sands

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Park Date 3/31/35 19

19. UNDERTAKER Jos. O. McCabe & Son
(Address) 1900 Eutaw Place

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19 1935 to March 31 1935

I last saw her alive on March 31 1935 Death is said to have occurred on the date stated above, at 9 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of lung, metastatic	1934

Other contributory causes of importance:

Name of operation Exploratory thoracotomy Date of 3/27

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Greene M. D.

(Address) Johns Hopkins Hosp

F 11205

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11205

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 29 (Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John David Poltts, 3RD

(a) Residence: No. Roland Park Apts., St., ... Ward. X
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of NONE

DATE OF BIRTH (month, day, year) Feb 14, 1923

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond Va
(State or country)

13. NAME John D. Poltts Jr.

14. BIRTHPLACE (city or town) Richmond Va.
(State or country)

15. MAIDEN NAME Celia Turpin

16. BIRTHPLACE (city or town) Macon Ga
(State or country)

17. INFORMANT John D. Poltts Jr
(Address) Roland Park Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Hollywood Cemetery Richmond Va Date 3/31/35 19

19. UNDERTAKER John Cook
(Address) 617 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17 1935 to March 30 1935

I last saw h~~im~~ alive on March 30, 1935. Death is said to have occurred on the date stated above, at 10 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, rt. lower	3/16/35
Empyema, rt	3/22/35
Pericarditis, Effusion	3/26/35
Empyema, left	3/27/35

Other contributory causes of importance:

(OVER)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Charles H. Conley Jr. M. D.

(Address) Union Memorial Hosp.

M. D. B. F-9 F 11206

F 11206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Mrs Conrad Kolb~~ ANNA C. KALB.

(a) Residence: No. 1184 Washington Boul. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kolb.

6. DATE OF BIRTH (month, day, year) March 17 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Patrick Cavenaugh.

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Knight

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank P. Kalb.

(Address) 1184 Wash. Blvd.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date April 1st 1935

19. UNDERTAKER Bernard C. Hafler

(Address) 1000 S Paca St.

20. FILED ... 19... ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28 . 1934 to March 29 . 1935

I last saw her alive on March 29 . 1935 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Cellulitis of Back.	

Other contributory causes of importance:

Name of operation Amputation of Leg Date of Dec 29-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard C. Hafler M. D.

(Address) Mercy Hospital

F 11207

F 11207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4711 Antanna Ave., St., Raspeburg, Md 26th Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna Frances Kueper

(a) Residence: No. 5711 Antanna Ave., Baltimore, Md. 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Kueper

DATE OF BIRTH (month, day, year) Nov. 12, 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70 71	5 4	9 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) Nov. 1934

11. Total time (years) spent in this occupation 44yrs.

12. BIRTHPLACE (city or town) Neustadt
(State or country) Germany

13. NAME John Ackerman

14. BIRTHPLACE (city or town) .....
(State or country) Germany

15. MAIDEN NAME Henrietta (Unknown)

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Mrs. Elizabeth D. Stone
(Address) 4711 Antanna Ave., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Apr. 1, 1935

19. UNDERTAKER Conrad J. Tuck
(Address) 5305 Belair Rd

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1935 to March 29th 1935

I last saw her alive on March 29th 1935 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Cardio-renal vascular disease	1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. L. Wilkinson, M. D.

(Address) 5718 Belair Rd., Balto., Md.

F 11208

F 11208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Winston Grant Uhler

(a) Residence: No. 1115 Brentwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22-1920

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
14	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Weston Uhler

14. BIRTHPLACE (city or town) (State or country) Rockhall Md.

15. MAIDEN NAME Edna S. Grant

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Weston Uhler - Father
(Address) 1115 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date April 1, 1935

19. UNDERTAKER Albert W. Berry & Son
(Address) North & Pennsylvania Ave

20. FILED ....., 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1935 to March 30, 1935

I last saw him alive on March 30, 1935 Death is said to have occurred on the date stated above, at 7.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumococcus Meningitis	3/27/35
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Daniel E. Bovard M. D.

(Address) Lyndenhurst Hospital

D. B. 1268-9

F 11209

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11209

CERTIFICATE OF DEATH

✓ 166

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Riverview Ave St., 26 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antoni Burdanski

(a) Residence: No. 257 Colgate Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Michael Burdanski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Marie Kozankowski

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Walter Burdanski

(Address) 1108 Cookson St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 1 1935

UNDERTAKER Fred W. Oyler & Sons

(Address) 1980 Eastern Ave

FILED 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, (suicide), or homicide? Yes Date of injury 3/27 1935

Where did injury occur? Foot of Riverview Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Suffocation

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Herzog M. D. Coroner

(Address) 1305 N Patterson Park Ave

F 11210

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11210

CERTIFICATE OF DEATH

47-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chin Gin

(a) Residence: No. 210 W. Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1/12/75.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China.

13. NAME Wah Dor

14. BIRTHPLACE (city or town) (State or country) China.

15. MAIDEN NAME Wain Shee

16. BIRTHPLACE (city or town) (State or country) China.

17. INFORMANT Willie Chin (cousin)

(Address) 117 N. Howard St.

18. BURIAL, CREMATION, OR REMOVAL Pine Lorraine Cemetery Date Apr 2/35, 19

19. UNDERTAKER Stewart & Mowen

(Address) 128 W. Fayette Ave.

20. FILED Apr 2 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/15, 1935 to 3/30, 1935

I last saw h[illegible] alive on 3/30, 1935 Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary carcinoma Lung	1 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 11211

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11211

X 133

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hospital St., 11 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Dinneen Sr.

(a) Residence: No. 6 Spowerth Lintheum (Usual place of abode) St., Md. Ward Linthicum A.A. Co. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of Nettie Anderson Dinneen

DATE OF BIRTH (month, day, year) Aug 13, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father William Dinneen

14. BIRTHPLACE (city or town) (State or country) Balt. Md

15. MAIDEN NAME of Mother Ann Dinneen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hosp Records

(Address)

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Patapsco A.A.Co. Date Apr 3/35 19

19. UNDERTAKER Stewart & Mower Co

(Address) 10 W. Mt. Royal Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 31 1935

22. I HEREBY CERTIFY, That I attended deceased from 3 26 1935 to 3 31 1935

I last saw him alive on 3 31 1935 Death is said to have occurred on the date stated above, at 5:15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Streptococcus Septicaemia	3 1935
Syphilis	
Pyelitis	
Acute Regulative Endocarditis	3 1935

Other contributory causes of importance: Bronchopneumonia

27

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) S E Proctor M.D. M. D.

(Address) Md Gen Hosp

D. B. 1207 T 11212 12 F 11212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ... St., 5 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Shirley Hall

(a) Residence: No. 605 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

7. DATE OF BIRTH (month, day, year) Dec. 2, 1915

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	19	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME John Hall

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Sylvia Boyd

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records

(Address) ...

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/1/35 19

19. UNDERTAKER Forty Kirkwood

(Address) 1515 Pennsylvania Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1935 to March 28, 1935

I last saw him alive on March 28, 1935 Death is said to have occurred on the date stated above, at 8:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis perforated with fecal peritonitis	3/19/35
Bronchopneumonia	3/27/35

Other contributory causes (Important):

Name of operation Appendectomy Date 3/22/35

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel A. Gopel M. D.

(Address) Balto City Hosp.

D. P. 1268-9

F 11213

11213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1265 Battery Ave. St., 24 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna G. Wolf,

(a) Residence: No. 1265 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward F. Wolf,

DATE OF BIRTH (month, day, year) October 22. 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Kesterton,

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Arianna Reese,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edward F. Wolf,
(Address) 1265 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date April 2. 1935

19. UNDERTAKER Harry W. Ehlen,
(Address) 1944 W. North Ave

20. FILED 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 16 1935 to March 29 1935

I last saw her alive on March 28 1935 Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Cardiac Asthma.	4 Weeks 2 Days

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. S. Hardesty M. D.

(Address) 4810 Belair Rd

H. D. B. 1268-9

F 11214

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11214

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 6306 Arundel Cove Ave. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME William E. Johnson.

(a) Residence: No. 6306 Arundel Cove Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of deceased Carrie Johnson.

DATE OF BIRTH (month, day, year) March 3, 1869

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Acid maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davison Chemical Co.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 0 ?

BIRTHPLACE (city or town) (State or country) Annapolis, Md.

13. NAME David Johnson.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Jane R. Rogers.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Carrie Johnson. (wife)

(Address) 6306 Arundel Cove Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date April 1, 1935

UNDERTAKER John F Denny

(Address) 715 Light St. Ft. Huntington Fulton

FILED 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 1.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto M. Reinhardt, M. D.

3/30/35 (Address) 1017 E. Charles St. Coroner

M. D. Form 1

F 11215

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11215

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 McKean Ave. Ward) 15

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Hortman~~ Margaret A. Horstman

(a) Residence: No. 1908 McKean Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Horstman

6. DATE OF BIRTH (month, day, year): June 1855

7. AGE: Years: 80 | Months: 2 | Days: | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: John Bruns

14. BIRTHPLACE (city or town) (State or country): Hanover Germany

15. MAIDEN NAME: Rebecca Mary Radeke

16. BIRTHPLACE (city or town) (State or country): Hanover Germany

17. INFORMANT: Mary R. Kleffman
(Address) 3205 Presstman

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul Cemetery Date 4/2/35 19

19. UNDERTAKER: Charles G. Blades
(Address) 742 West North Ave.

20. FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/30/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/16/ 1934 to 3/30/ 1935

I last saw her alive on 3/6/ 1935 Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	11/16/ 1934
Other contributory causes of importance: Cardiac insufficiency	3/30/

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Bender, M. D.

(Address) 1519 E North ave.

F 11216

D. B. 1261-9

F 11216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Copenhaver

(a) Residence: No. 3125 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Copenhaver.

DATE OF BIRTH (month, day, year) Sept. 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 yrs.	74	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) West Virginia

13. NAME Jacob Copenhaver

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Ann Elizabeth.

16. BIRTHPLACE (city or town) (State or country) West Virginia

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel cem. Date April 2 1935

UNDERTAKER George W. Zinkan
(Address) 1737 E. Eager St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-25-35, 19..., to 3-29-35, 19...

I last saw him alive on March 29, 1935. Death is said to have occurred on the date stated above, at 11:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	
Arteriosclerosis	
Other contributory causes of importance:	
Heart failure	Feb. 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Wesley J. Keefe M. D.

(Address) Church Home & Infirmary.

F 11217

F 11217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Melville Ave St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) 24

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pasquale Grue

(a) Residence: No. 610 Melville Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Teresina Grue

DATE OF BIRTH (month, day, year) January 25 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	5 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker-Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9688

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Basciano Italy

13. NAME Felice Grue

14. BIRTHPLACE (city or town) (State or country) Basciano-Italy

15. MAIDEN NAME Mirena Patriarca

16. BIRTHPLACE (city or town) (State or country) Basciano-Italy

17. INFORMANT Dominic Grue

(Address) 610 Melville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr. 2 1935

19. UNDERTAKER Frank Della Noce

(Address) 52 N. Morley St.

20. FILED Apr 3 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/15/35, 19 to 3/31/35, 19

I last saw h— alive on 3/15/35, 19. Death is said to have occurred on the date stated above, at 4-1 m.

The principal cause of death and related causes of importance were as follows:

Art. Sclerosis — Date of onset ?

Chr. Bronchitis & Asthma

Cardiac Hypertrophy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard F. Tuy, M. D.

(Address) 910 W. Lombard

F 11218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

F 11218

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5901 Marlutha Ave St., 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aaron S. Geipe Raspberry

(a) Residence: No. 5901 Marlutha Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widower

6. If married, widowed or divorced HUSBAND of (or WIFE of) Margaret S. Geipe

DATE OF BIRTH (month, day, year) October 28 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.
13. NAME Benjamin Geipe
14. BIRTHPLACE (city or town) (State or country) Pa
15. MAIDEN NAME Rachael Schaffer
16. BIRTHPLACE (city or town) (State or country) Pa.
17. INFORMANT Mr Alfred Geipe (Address) 6909 Beach Ave.
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Apr. 1935
19. UNDERTAKER Henry Hoeck Sons Inc. (Address) 801 Eager St
20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20 1935 to March 30 1935
I last saw him alive on March 29 1935. Death is said to have occurred on the date stated above, at 7 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age.	
Arteriosclerosis Bronchitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustavus Zeit M. D.
(Address) 6801 Edmondson Rd.

H. D. B. 1268-9

F 11219

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11219

CERTIFICATE OF DEATH

✓ 141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Fire Hqrs. Ward) 13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie May Howard

(a) Residence: No. 800 Darby St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M.

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) George Howard

7. DATE OF BIRTH (month, day, year) May 13, 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Sanford J. Baker

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Jennie S. Harvey (Accord)

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Husband

(Address) 800 Darby St.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date April 3, 1935

19. UNDERTAKER Edmondson Ave.

(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1935, to March 31, 1935

I last saw her alive on 3/31, 1935. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3/26
Other contributory causes of importance:	
Nephritis	

Name of operation O Date of O

What test confirmed diagnosis? O Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. E. Cooney M. D.

(Address) U of M Hosp.

F 11220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11220

CERTIFICATE OF DEATH

92-A

Registered No.

1. PLACE OF DEATH Little Sisters of the Poor

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Wilson

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Fox

DATE OF BIRTH (month, day, year) 17 April 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	82 11	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1901

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME Matt. Wilson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Irene Bradley

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup. (Address) 1200 - Valley Street

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date April 2 19 35

19. UNDERTAKER Rita Wiedefeld (Address) 914 Greenmount Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 31 March 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to March 31 1935

I last saw him alive on March 29 1935. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

Arteriosclerosis	?
Acute Edema	?
Hypostasis	

Name of operation ... Date of ...

What test confirmed diagnosis Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. McCarter, M. D.

(Address) 111 Hartford Ave

F 11221

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11221

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. 1200 Valley St Little Sisters of the Poor St. [illegible] Ward)

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Catherine Henson

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

DATE OF BIRTH (month, day, year) 10 May 1853

AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
79	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

7. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Williams Henson

14. BIRTHPLACE (city or town) (State or country) ____

15. MAIDEN NAME Sarah Walkins

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT Sister Stanislaus, Sup.
(Address) 1200 Valley St. City

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Apr 2, 1935

19. UNDERTAKER Ridgway Undertaking Co.
(Address) 914 Greenmount Ave

20. FILED ____, 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 31 March, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1931, 19__, to March 31, 19__

I last saw her alive on March 29, 1935. Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

Chr Nephritis — Date of onset ?

Other contributory causes of importance:

Anemia
Chr Endocarditis

Name of operation Thyroidectomy Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____

(Signed) Edw Carter, M. D.

(Address) 1114 Harford

D. B. 1935-9 F 11222

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11222

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1302 E. Eager St., 10 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise E. Alisea

(a) Residence: No. 1302 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Lawrence Alisea

DATE OF BIRTH (month, day, year) Dec. 30, 1913.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (037) Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Harvey T. Bond

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME OF MOTHER Polly Benson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Lawrence Alisea

(Address) 1107 N. Fountaine ave

BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date April 2, 1935

UNDERTAKER Richard F. Curley

(Address) 700 E. North ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1935 to March 30, 1935

I last saw h... alive on March 30, 1935 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis	2
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

M. D.

(Signed) J. Fulton L. A. Illegible M. D.

(Address) 1038 N. Carrollton Ave.

D. B. 126 F 11223

F 11223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 S. Charles St. St., 23 Ward)

Length of residence in city or town where death occurred 64 yrs. 5 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Costello

(a) Residence: No. 1627 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda V. Costello

DATE OF BIRTH (month, day, year) Oct, 10 1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinists

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Costello

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Rebecca Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Matilda V. Costello
(Address) 1627 S. Charles St.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Apr. 3 1935

UNDERTAKER J. Fenw McCully
(Address) 130 E Fort Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1935 to March 30 1935

I last saw h. alive on March 30 1935 Death is said to have occurred on the date stated above, at 11.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 mo

Other contributory causes of importance:

Hemiplegia	1 mo-5

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Wheeler M. D.

(Address) 1214 Mulberry St

D. B. 1268-9

F 11224

F 11224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2653 Edmondson Ave., St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME J. Wesley Thorney

(a) Residence: No. 2653 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Alice Thorney

7. DATE OF BIRTH (month, day, year) Sept. 25 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 001

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Thorney

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Alice Thorney

(Address) 2653 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Apr. 1 19 30

19. UNDERTAKER J. Fenw. McCully

(Address) 130 E. Fort Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-30 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th 1930 to March 29th 1930

Last saw h.... alive on March 21. 1930 Death is said to have occurred on the date stated above, at 1.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Cardiac Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. Oni Cleary M. D.

(Address) 4400 N Patapsco Ave

F 11225

HEALTH DEPARTMENT—CITY OF BALTIMORE

C 34a-24

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Kernan's Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 18 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E Boone

(a) RESIDENCE NO. 1014 Vine St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed,~~ or ~~Divorced,~~ (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single Sept. 30, 1931

6 DATE OF BIRTH (month, day, and year) ~~Not Known~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
3 yrs	3	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore City, Edmd Boone

PARENTS

10 NAME OF FATHER ~~Not Known~~

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Margaret ~~Boone~~ Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Mother - Margaret Boone (Address) 1014 Vine St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-29 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1935, to March 29, 1935.

That I last saw her alive on March 29, 1935,

and that death occurred, on the date stated above, at 1 00 A.m.

The CAUSE OF DEATH* was as follows:

Tuberculous Meningitis

Tuberculosis of 6th & 7th Cervical Vertebrae.

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Congenital Syphilis.

(duration) 3 yrs. mos. — ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? X-Ray & Lumbar puncture

(Signed) J. R. Brown, M. D.

, 19 (Address) Kernan's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery — DATE OF BURIAL Apr 1, 1935

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 322 E Edmondson

21. D. P. 1268-9

F 11226

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11226 ✓ 133

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward) Clerk

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret [illegible] yre.

(a) Residence: No. 829 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year): 5/5/06.

7. AGE: Years 28; Months 10; Days 23; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mx

13. NAME: Wall Dot

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Mary Gibson.

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Records Bell.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 4/2/ 1935

19. UNDERTAKER: Thomas E. Kelso & Co.

(Address) 203 Eastmandt

20. FILED 4 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/19 1935 to 3/28 1935

I last saw her alive on 3/28 1935 Death is said to have occurred on the date stated above, at 9:00 a m.

The principal cause of death and related causes of importance are as follows:

Pyelitis

Date of onset 4 wks.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

123 F 11227

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11227

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH — Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 15 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... mos. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Lillion Bailey

(a) Residence: No. 1372 Stockton St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — Male

4. COLOR or RACE — Colored

5. Single, Married, Widowed, Divorced (write word) — Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) — June 20, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home

10. Date deceased last worked at this occupation (month and year) — 2 / 1

11. Total time (years) spent in this occupation — Life

12. BIRTHPLACE (city or town) (State or country) — Maryland

13. NAME OF FATHER — Joseph Bailey

14. BIRTHPLACE (city or town) (State or country) — Virginia

15. MAIDEN NAME OF MOTHER — Nellie Hill

16. BIRTHPLACE (city or town) (State or country) — Virginia

17. INFORMANT — Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/2 1935

19. UNDERTAKER — Thomas E. Kelson

(Address) 130 S. Arlington Ave.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — March 28 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26 1935 to March 28 1935

I last saw her alive on March 28 1935 Death is said to have occurred on the date stated above, at 4.40 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar & Pleural Fistulae — Date of onset ?

Other contributory causes of importance: Peritonitis, General — Date of onset ?

Name of operation Colostomy Date of 1933

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

Address .....

Signed Samuel A. Gordon, M. D.

(Address) Baltimore City Hospitals

M. D. P. 1208-9

F 11228

7968 80

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11228

CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred 5ff yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Loretta Bumbray

(a) Residence: No. 2213 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	Black	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-7-28

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	6	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Melvin Bumbray

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Selma Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date April 2, 1935

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED 4-1-1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935 to March 29, 1935

I last saw h[illegible] alive on March 29, 1935 Death is said to have occurred on the date stated above, at 1140 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Rheumatic pancarditis	1 year
2. Rheumatic fever	3-1-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac F. Schwentker M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 11229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

F 11229

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 211 N. Monroe St., 70 Ward)

Length of residence in city or town where death occurred 35 yrs. 0 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate M. Kilbourne

(a) Residence: No. 211 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John V. Kilbourne.

7. DATE OF BIRTH (month, day, year) August. 27. 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	71	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

13. NAME John J. Maslin.

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

15. MAIDEN NAME Mary. A. ?

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Maurice C. Kilbourne.

(Address) 211 N. Monroe Street.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cem. Date April.2. 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

20. FILED 1935 Huntington Pitcairn, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March. 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18. 1934 to March 30. 1935

I last saw her alive on March 30. 1935 Death is said to have occurred on the date stated above, at 5. P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Cardio-Renal Disease — Date of onset (?)

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Pitcairn M. D.

(Address) 1326 W. Lombard St

Cor.—10-10-29—A Co.—100 Bks.

F 11230

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11230

92-a

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3506 Garrison ave St., 15 Ward)

2-FULL NAME John Jenkins

(a) RESIDENCE NO. 3506 Garrison ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jenkins

6 DATE OF BIRTH (month, day, and year) Nov 22-1875

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	59	4	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Wholesale
(b) General nature of industry, business, or establishment in which employed (or employer) Produce
(c) Name of employer Dealer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James Jenkins

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise Nash

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs Edw Gilbert Daughter
(Address) 3506 Garrison ave

15 Filed ..... 19..... ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 29 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fibroid Disease of Heart

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. H. Mossman, M. D.

2/16/1935 (Address) 5732 Belair Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt O'Livet Cem — DATE OF BURIAL April 1 1935

20 UNDERTAKER Roth & B. M. Walters — ADDRESS Pratt & Stricker Sts

M. B. P. 12 F 11231 F 11231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens and Caton Ave St., 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. John H. Tucker

(a) Residence: No. 245 Loudon Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Vergie Tucker

7. DATE OF BIRTH (month, day, year) July 26 1867

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	68	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B & O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60?

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Gustave Tucker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Wheeler

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carol L. Tucker

(Address) 185 S. Morley St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date April 2nd 1935

19. UNDERTAKER Lott & B. M. Walters

(Address) N. E. cor PRATT & STRICKER Sts

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30-35 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-13-35 1935 to 3-30-35 1935

I last saw him alive on March 30 1935 Death is said to have occurred on the date stated above, at 9.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1929
Arteriosclerosis - generalized	?
Myocardial degeneration	?
a Heart failure	3-15-35

Other contributory causes of importance:

Amputation Rt Leg - 1929.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwd. F. Healy M. D.

(Address) St. Agnes' Hospital

. D. B. 1268-9

F 11232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11232

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH Sinai Hosp. 6 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? V yrs. ..... mos. ..... ds.

2. FULL NAME Mollie Kramer

(a) Residence: No. 2027 Orleans St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Bernard Ehart

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Hebrew Herring Run Date 4-1-35 19

UNDERTAKER Jack Lenga Inc.
(Address) 1439 E. Balto St

FILED 4-1-1935 Antoinette Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-35 19

22. I HEREBY CERTIFY, That I attended deceased from March 27 19 35 to March 31 19 35

I last saw her alive on March 31 19 35 Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis 97	
Chronic myocarditis 93d	
Cardiac hypertrophy & dilatation 95c2	
Cardiac insufficiency 95c3	
Other contributory causes of importance:	
Bronchial asthma	
Bronchopneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur C. Kalucki M. D.

(Address) Sinai Hosp

D. P. 1268-9 F 11233

F 11233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Lydia Black

(a) Residence: No. 2921 Rosalind Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. F. Black

7. DATE OF BIRTH (month, day, year) Aug 20/903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 9037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Switzerland

13. NAME John E. Maier

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Albertina F. Lattmann

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Albertina F. Mueller

(Address) 292, Rosalind Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 4/2/35 19

19. UNDERTAKER Fred. A. Thauer & Son

(Address) 1216 E. Chase St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1935 to March 30, 1935

I last saw her alive on March 30, 1935 Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia type I	
Bronchial asthma	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Paul W. Spear M. D.

(Address) Sinai Hospital

F. D. B. 1200

F 11234

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11234

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH Maryland General Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Eva Weaver

(a) Residence: No. 1929 Belair Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. D. Weaver

DATE OF BIRTH (month, day, year) Feb. 15, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 6037

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balt., Md.

13. NAME John Faiskey

14. BIRTHPLACE (city or town) (State or country) Balt, Md.

15. MAIDEN NAME Elizabeth Milchuis

16. BIRTHPLACE (city or town) (State or country) Balt, Md.

17. INFORMANT Hosp. records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 4/2/35 19

19. UNDERTAKER Philip Henry Sons
(Address) 2816 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13 1935 to March 30 1935

I last saw h[illegible] alive on March 30, 1935 Death is said to have occurred on the date stated above, at 10:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. cholecystitis	1933

Other contributory causes of importance:

Hemorrhage	3/30/35

Name of operation Cholecystectomy Date of 3/16/35

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. A. Preston Jr M. D.

(Address) Md Gen Hospital

H. D. P. 1268-9

F 11235

1235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Brother Jarlath (Patrick Clune)

(a) Residence: No. St Mary's Industrial School St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 17-1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brother

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) County Clare Ireland

13. NAME Patrick Clune

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Kate Hahey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Mt St. Joseph College

(Address) Frederick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date April 2. 1935

19. UNDERTAKER Chas. B. Davidson & Son

(Address) 1151 W. Fayette St.

Huntington B. Williams, M.D.
Registrar

20. FILED APR 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19. 1934 to March 30. 1935

I last saw him alive on March 30. 1935 Death is said to have occurred on the date stated above, at 3 32 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10-15-34
Congestive Heart Failure	
Other contributory causes of importance:	
Pulmonary Infarct	

Name of operation — Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy, M. D.

(Address) St. Agnes' Hospital

M. D. P. 1268-9

F 11236

11236 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 Gorman Ave St., 10 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dantha Close

(a) Residence: No. 37 Gorman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of William N. Close

7. DATE OF BIRTH (month, day, year) Sept 8. 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Severn Md.

13. NAME Noah Augusta Clark

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Juliann Turner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William N. Close

(Address) 37 Gorman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 2 1935

19. UNDERTAKER Mr. & Mrs. John R. Zepp & Son

(Address) 201 W. Baltimore St

20. FILED April 2 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1935 to Mar 31 1935

I last saw h W alive on Mar 31 1935 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Hypertension	1933
Other contributory causes of importance: Hemiplegia	1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Reiter M. D.

(Address) 2145 N Balto St

Spec.—8-16-29—L. F. S.—100 Blks.

F 11237

1237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

REGISTERED NO. ____

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 Homestead St ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Robert Hargest

(a) RESIDENCE NO. 921 Homestead St. ST., ____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year): July 4, 1934

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		8	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

10 NAME OF FATHER: William Robert Hargest

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Alice May Meyers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Alice May Hargest

(Address): 921 Homestead St.

Filed: 1935, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

0

16 DATE OF DEATH (month, day, and year): March 29, 1935

17 I HEREBY CERTIFY, That I attended deceased from March 25, 1935, to March 29, 1935, that I last saw h. m alive on March 29, 1935 and that death occurred, on the date stated above, at 12 40 P m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) ____ yrs. ____ mos. 2 ds.

CONTRIBUTORY (Secondary) ____ (duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Samuel B Wolfe, M. D.

, 19 (Address) 1331 E North ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Larkwood — DATE OF BURIAL: April 1 1935

20 UNDERTAKER: Albert W Berry & Son — ADDRESS: North & Howard

H. D. B. 1268-9

F 11238

11238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward) 10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? 20 yrs. mos. da.

2. FULL NAME Mongo Mitchell

(a) Residence: No. 1529 Madison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stores & Factories

10. Date deceased last worked at this occupation (month and year) 11/12/34

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Leadenhall St Baltimore

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eugene Cosby

(Address) 1105 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 1 1935

19. UNDERTAKER

(Address)

20. Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 17 34 to March 30 1935

I last saw him alive on March 30 1935 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Glomerula Nephritis	11/5/34
Chronic Uremia	2/25/35 coma
Other contributory causes of importance: Hypertensive Cardio-vascular Disease. Ascites & Pericardial effusion	3/1/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Langeluttig M. D.

(Address) North Hooper.

F. D. P. 1263-9

F 11239

11239 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Tuberculosis Division

CITY OF BALTIMORE: (No. ... St., 24 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph Eaton

(a) Residence: No. 1742 Webster st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mollie Eaton

7. DATE OF BIRTH (month, day, year) Jan. 20, 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) St. Michaels Maryland

13. NAME Edward Eaton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Levina Hubbert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address) ...

18. BURIAL, CREMATION OR REMOVAL

Place Mt. Auburn Date April 3, 1935

19. UNDERTAKER Chas. F. Sturm

(Address) 1501 E. Fort Ave.

20. FILED 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1935 to March 30, 1935

I last saw him alive on March 30, 1935 Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Tuberculosis	3 mos.
2. Arteriosclerotic Heart disease	unknown

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

F 11240

1240 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 107-a

1. PLACE OF DEATH Union Memorial Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. 40 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Newton H. Hazlewood

(a) Residence: No. Danville, Virginia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella P. Hazlewood

DATE OF BIRTH (month, day, year) Nov 19 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Virginia

13. NAME N. H. Hazlewood

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Harriette

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT (Address) Wm Ray Danville Va.

BURIAL, CREMATION, OR REMOVAL Place Danville Va. Date April 1 1935

UNDERTAKER (Address) John E. Dilley Jr. 2435 E. Pratt St.

FILED 1935 Huntington Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1935 to March 31, 1935

I last saw h. alive on March 31, 1935. Death is said to have occurred on the date stated above, at 11:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia: bilateral	3/11/35

Other contributory causes of importance:

Emphysema of lungs	2
Hemorrhoids	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Henry W. Hemsen M. D.

(Address) Union Memorial Hospital

H. D. H. 1268-9

✓ F 11241

12409

HEALTH DEPARTMENT—CITY OF BALTIMORE

11-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., 2 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gilbert Bindich

(a) Residence: No. 307 S. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5/31/34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joseph Bindich

14. BIRTHPLACE (city or town) (State or country) Md —

15. MAIDEN NAME Mary Lunka

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Kunds —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary. Date Oct 2, 1935

19. UNDERTAKER Tilly & Zulauf
(Address) 403 S. Eutaw St.

20. FILED [illegible] 1935 Huntington Phillips, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar-30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar-1, 1935, to Mar-30, 1935

I last saw him alive on Mar 30, 1935 Death is said to have occurred on the date stated above, at 7.P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	3-25-35
Empyema, influenza bacillus	3-1-35
Meningitis, influenza bacillus	3-3-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Francis D. Schweinhaut M. D.

(Address) Johns Hopkins Hospital

F 11242

H. D. F. 1268-9

11242 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Pelleano

(a) Residence: No. 626 Kappock St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 27, 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or 13 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Peter Pelleano

14. BIRTHPLACE (city or town) Canada
(State or country)

15. MAIDEN NAME Irene Hault

16. BIRTHPLACE (city or town) Sussex
(State or country) New Hampshire

17. INFORMANT mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date April 3rd, 1935

19. UNDERTAKER Kelly & Jacobs Inc.
(Address) 710 N. Howard St

20. FILED Apr 1 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1935 to March 27, 1935

I last saw her alive on March 27, 1935. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

premature infant (6 mos) — Date of onset birth March 27

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Elizabeth I. Langelutig, M. D.

(Address) 3202 Liberty Heights Ave.

D. B. 1268-9

F 11243

1243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S. Clinton St., 26 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Appolonia Lena Popp

(a) Residence: No. 302 S Clinton St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of Martin Popp

DATE OF BIRTH (month, day, year) May 17 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Martin Hohn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Joseph J. Popp

(Address) 302 S Clinton St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr 2 1935

UNDERTAKER Fitzpatrick & Sons

(Address) 753 S Broadway

FILED APR 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 a 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1935 to Mar 30 1935

I last saw her alive on Mar 30 1935 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colon Pneumonia	Mar 25 1935

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. Roland Steinmann M. D.

(Address) 350 S Ann

H. D. B. 1268-9

11244

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11244

CERTIFICATE OF DEATH

93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N. Ellwood ave St., 6 Ward)

Length of residence in city or town where death occurred ... yrs. 16 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard G. Smith

(a) Residence: No. 425 N. Ellwood ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Smith

DATE OF BIRTH (month, day, year) June 3rd 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Tool Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Jane Edwards

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Smith Wife
(Address) 425 N Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Grace Cem. Date April 2 19 30

19. UNDERTAKER Lilly & Zeiler Co
(Address) 403-05 Wolfe St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1930

22. I HEREBY CERTIFY, That I attended deceased from March 6/30 19... to March 30 1930
I last saw h... alive on March 30/30 Death is said to have occurred on the date stated above, at 8 45 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of coronary artery Instantaneous. 942	
Other contributory causes of importance: Impacardia dilatation about 1 yr	about

Name of operation None Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B. F. Keller M. D.
(Address) 100 N. Linwood Ave

ec.—2-29-28—L. F. S.—500 Bks.

1245

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 11245

46-C

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 3919 W Mulberry St ST., 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Minnie E. Sherry

(a) RESIDENCE NO. 3919 W Mulberry St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of William B. Sherry.

DATE OF BIRTH (month, day, and year) Apr. 20, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. (W)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Essex County Virginia

10 NAME OF FATHER Henry B. Wendell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Rosalea B Dyke

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Va.

Informant Albert B. Sherry

(Address) 16 S. Prospect Ave.

Filed 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 31, 1935

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to March 31, 1935,

that I last saw h alive on March 26, 1935

and that death occurred, on the date stated above, at 3 00 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - Acute Dilatation -

(duration) yrs. mos. ood ds.

CONTRIBUTORY (Secondary) Hypertension - Chronic Gall Bladder Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No Clinical.

What test confirmed diagnosis?

(Signed) O. Walter Sumner M.D. M. D.

, 19 (Address) 3605 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 4 2 1935

20 UNDERTAKER J. McCook

ADDRESS 5476 Ford

M. D. B 1268-9

F 11246

11246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Feber.

(a) Residence: No. 1537 N. Milton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 12/9/69.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Pinan

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Carrie G. Katzen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary C. Fell

(Address) 2510 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 3rd 1930

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29 1930

22. I HEREBY CERTIFY, That I attended deceased from 8/4 1930 to 3/30 1930

I last saw h.. alive on 3/30 1930 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach duration 1 year
Myocardial failure, 1 week

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reate, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

1247 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11247

CERTIFICATE OF DEATH

Registered No. 1247

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Montebello Terr. 22-293-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Harry Adler

(a) Residence: No. 2903 Montebello Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emanuel Adler

7. DATE OF BIRTH (month, day, year): Feb 16, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME of father: Emanuel Harr

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of mother: Elizabeth Hahnmann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Emanuel Adler

(Address) 2903 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: 4/3 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 E Gould St

20. FILED 1935 Huntington Indiana, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1935 to Mar 31 1935.

I last saw h alive on Mar 31 1935 Death is said to have occurred on the date stated above, at 10:30 A.M.

The prinripal cause of death and related causes of importance were as follows:

Myocarditis + Myocardial Failure — Date of onset: CVD

Other contributory causes of importance: Cerebral Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Swick M. D.

(Address) 3/31/35 4706 Harford Av

D. B. 1268-9

F 11248

HEALTH DEPARTMENT—CITY OF BALTIMORE

1248

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 9th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Harold Taylor

(a) Residence: No. Belmont Hill School St. Dunstable Mass

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ... Single

DATE OF BIRTH (month, day, year) Oct 21 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	3 5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Belmont Hill School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Many

12. BIRTHPLACE (city or town) (State or country) Mass.

13. NAME James Bayard Taylor

14. BIRTHPLACE (city or town) (State or country) Boston Mass

15. MAIDEN NAME Julia Sawyer Jackson

16. BIRTHPLACE (city or town) (State or country) Turkey

17. INFORMANT Col Bayard Taylor

(Address) Camp Holabird Md

18. BURIAL (CREMATION) OR REMOVAL

Place Dunstable Mass April 1 1935

19. UNDERTAKER

(Address) 1212 E Pratt St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy- Thrombus of left vertebral artery and infarcts of both lobes of cerebellum.	

Other contributory causes of importance:

Genl Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Cairns M. D.

Coroner

(Address) 506 E Fayette

M. D. B. 1268-9

11249

F 11249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3006 Pinewood ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Schlegel

(a) Residence: No. 3006 Pinewood ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Schlegel

7. DATE OF BIRTH (month, day, year) April 25 1854

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Columbia (State or country) Pennsylvania

13. NAME Peter Reinhardt

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

15. MAIDEN NAME Christina Bauer

16. BIRTHPLACE (city or town) Unknown (State or country) Germany

17. INFORMANT Mrs Fred B. Meyer

(Address) 3006 Pinewood ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cem. Date April 2 1935

19. UNDERTAKER Frederick Langenbacher

(Address) 1401 Edmondson Ave

20. FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1935, to Mch 30, 1935

I last saw h.. alive on Mch 27 1935 Death is said to have occurred on the date stated above, at 4:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	[illegible]

Other contributory causes of importance:

Cancer of Rectum

Name of operation None Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo Bellet M. D.

(Address) 137 South St

H. D. F. 1268-9

11250 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11250

34-f-32-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Scott.

(a) Residence: No. 5 S. Penn. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 8/21/15.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nolta none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wilton Scott

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Blanche Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Blanche Scott (mother)

(Address) 5 S. Penn St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Olivet Date 4/1 1935

19. UNDERTAKER Edward W. Chase & Son

(Address) 628 N. Gilmor

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/27 1935 to 3/31 1935

I last saw her alive on 3/31 1935 Death is said to have occurred on the date stated above, at 6 30 p. m.

The principal cause of death and related causes of importance were as follows:

Miliary tuberculosis

Rheumatic heart disease

Date of onset 2 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Reitz M. D.

(Address) Balto City Hosp.

D. P. 1268-9

✓ F 11251

11251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Leighman

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) 29 June 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60		9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

13. NAME of father Ignatius Leighman

14. BIRTHPLACE (city or town) (State or country) D. C.

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Sister Superior, Sup.
(Address) 1200 Valley Street

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date 4/1 1935

19. UNDERTAKER Jos. M. Rose & Son
(Address) 638 N. Eutaw

20. FILED , 19 , Registrar.

4/5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 31 March 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to March 31 1935

I last saw her alive on March 29 1935. Death is said to have occurred on the date stated above, at 5.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?

Other contributory causes of importance:

Senility
Asthenia
Arter Sclerosis

Name of operation Date of

What test confirmed diagnosis? Phys. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. Joe Corbin, M. D.

(Address) 1114 Hollins

H. D. B. 1268-9

11252

F 11252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? XXX ... mos. ... ds.

2. FULL NAME Estelle J. Hunt

(a) Residence: No. 403- W. 27th. Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Phillip J. Hunt

DATE OF BIRTH (month, day, year) 12/25/1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	6	XXXX

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary (Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Catherine Rowley

(Address) 428-Whitridge Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 4th 1935

19. UNDERTAKER George Ruth Inc. Funeral Directors

(Address) 1738 Harford Ave

20. FILED April 4 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19..., to ..., 19...

I last saw h... alive on Injury, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Shock	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/1, 1935

Where did injury occur? Fremont & 27th st (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Bloom Coroner, M. D.

(Address) 1202 E. Madison St.

F. D. F. 5268-9

11253 ✓ F 11253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2650-Robb Street St., 9 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Mary Wieners

(a) Residence: No. 2650-Robb Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. P. Wieners

DATE OF BIRTH (month, day, year) 3/28/1884

AGE Years	Months	Days	If LESS than 1 day, hours or min.
51	-	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Trageser

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Eleanor Summers

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Chas. P. Wieners
(Address) 2650-Robb Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/2/35, 19

19. UNDERTAKER Chas. J. Ruth & Son
(Address) 1735-Harford Ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1935 to March 29, 1935

I last saw her alive on March 29, 1935 Death is said to have occurred on the date stated above, at 8:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1934
Other contributory causes of importance:	
Acute Pulmonary Edema	1 day

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel [illegible] M. D.

(Address) 1331 E. North Ave

H. D. P. 1268-9

✓ F 11254

11254 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Sheppard (Schepard)

(a) Residence: No. 1333 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Benson Schepard

DATE OF BIRTH (month, day, year) 3/2/1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	—	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Martin Luther Baugh.

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Eleanor Chancellor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records Bet.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 4/1/35 19

Place Bath Cem

19. UNDERTAKER Geo. J. Watts Son

(Address) 1733 Edmondson Ave

20. FILED 19 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1935 to 3/30 1935

I last saw her alive on 3/30 1935 Death is said to have occurred on the date stated above, at 6:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Reitz M. D.

(Address) Balto City Hosp

D. B. 1268-9

F 11255

HEALTH DEPARTMENT—CITY OF BALTIMORE

11255

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622-E. Preston Street St., 8 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JAMES SAMUEL CROWLEY

(a) Residence: No. 1622-E. Preston Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lena J. Crowley (Kreuzer)

DATE OF BIRTH (month, day, year) June 21, 1862

AGE Years	Months	Days	If LESS than 1 day hrs. or ... min.
72	9	10	xxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Compositor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 663

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas Crowley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary (---?--)

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Lena J. Crowley

(Address) 1622-E. Preston Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/4/35 19

UNDERTAKER George Ruth Inc [illegible]

(Address) 1736 [illegible]

FILED ... 19... [illegible] Registrar.

1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935 to April 1 1935

I last saw him alive on March 31 1935 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Myocardial Insuff.
Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) S. W. Young M. D.

(Address) 1812 N. Broadway

M. D. F 1268-9

✓ F 11256

11256 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 W. Ostend St. St., 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Hartlove

(a) Residence: No. 1205 W. Ostend St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara B. Hartlove (nee Naylor)

7. DATE OF BIRTH (month, day, year) Sept. 16, 1874.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stove

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME James Hartlove

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Caroline Mix

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Clara B. Hartlove
(Address) 1205 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 3/ 35

19. UNDERTAKER Harry A. Kurtz
(Address) 401 Edgewood Ave.

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1934 to March 31, 1935
I last saw him alive on March 31, 1935 Death is said to have occurred on the date stated above, at 12m noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Jan 1934
Chronic Interst. Nephritis	Oct 1934
Hypertension	Nov 1934
Auricular Fibrillation	Nov 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry F. Cater M. D.

(Address) 523 Scott St.

F 11257

F 11257

93444

Med

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-D

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Reiheisely

(a) Residence: No. Leetonia Ohio St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn (name)

7. DATE OF BIRTH (month, day, year) June 1, 1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32.	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Willys Motor Co

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6 mos

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Peter Reiheisel

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Lilia Wilmes

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL

Place Leetonia Ohio Date April 2 1935

UNDERTAKER John C Mitchell

(Address) 1800 Eutaw Place

FILED APR 2 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1934 to April 1 1935

I last saw him alive on April 1 1935. Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia with Melanotic and Colloid tu	3/29/35
Adenocarcinoma with metastases to (a)	3/1/35
skin and bone -	
(b) Leukaemic Blood Picture	(b)
	about

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If specify .....

(Signed) Raymond Vilg Cum M. D.

(Address) Johns Hopkins Hospital

F 11258

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11258

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2653 Hafer St., 20 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine G. Deibel

(a) Residence: No. 2653 Hafer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Deibel

DATE OF BIRTH (month, day, year) April 23, 1844

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90 91	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Hennhafer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Magdalene Deibel Dr.
(Address) 119 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 4/3, 1935

19. UNDERTAKER F. B. Herbert & Son
(Address) 1300 Eastern Ave.

20. FILED 2-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1- 1935 to Mar 31- 1935

I last saw h.e alive on Mar 31 1935 Death is said to have occurred on the date stated above, at 12:02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
2 Hypertension	1933
Other contributory causes of importance:	
Myocarditis	1933

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cahn, M. D.

(Address) 2175 A Balto St

D. B. 1266 F 11259 ✓ F 11259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 W. Mulberry St., 17 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma W. St. Myers

(a) Residence: No. 506 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene St Myers

DATE OF BIRTH (month, day, year) June 17, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 years	9 mo	13 da	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic do 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Co
(State or country)

13. NAME Edward Weakley

14. BIRTHPLACE (city or town) Baltimore Co
(State or country) Md

15. MAIDEN NAME Annie Wiesamp

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Eugene St. Myers
(Address) 3491 Belair Road

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 4-2-35

UNDERTAKER H. B. Tippett & Son
(Address) 1300 Eutaw Place

FILED 2 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1935, to March 30, 1935.

I last saw her alive on March 28, 1935. Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

apoplexy — Date of onset 3:30:35

Other contributory causes of importance:

cholecystitis and nephritis interstitialis

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. B. Evans, M. D.

(Address) 656 W. Franklin St

F 11260 ✓ F 11260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospital Tuberculosis Division
CITY OF BALTIMORE: (No. ..... St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Parker

(a) Residence: No. 923 McDonough st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Parker

DATE OF BIRTH (month, day, year) June 18, 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Washington District of Columbia

13. NAME James Parker

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Ida Green

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters bur. Date 4—2—1935

19. UNDERTAKER Barrett Marie M Knight
(Address) 2101 McElderry st

20. FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1934 to March 28, 1935
I last saw him alive on March 28, 1935 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospitals

F 11261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11261

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 W University Parkway St. 13 Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Francis Highlands Burns

(a) Residence: No. 806 W University Parkway St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widow

If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (~~or WIFE of~~) Late Mary S Burns

DATE OF BIRTH (month, day, year) May 14th 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chairman of Bd

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Casualty Co

8. Date deceased last worked at this occupation (month and year) 10 Yrs

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Findley H Burns

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elizabeth Lizzie Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Finley Burns

(Address) 1526 Bolton St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 2nd 1935

UNDERTAKER Henry W Jenkins & Son

(Address) Orchard Ave Cobb & St

FILED Apr 2 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jobular Disease of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 136 Holland

F 11262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11262

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 McCulloh St St., 11 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard R Emory

(a) Residence: No. 1328 McCulloh St, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced: HUSBAND of ~~WIFE~~ of Anne E.

DATE OF BIRTH (month, day, year) April 25, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 52	11	7 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Benjamin Emory

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Sutton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Anne E Emory

(Address) 1328 McCulloh St.

18. BURIAL, CREMATION, OR ~~REMOVAL~~

Place Mt Auburn Date 9/4/35, 19

19. UNDERTAKER Mc Geo H Holland

(Address) 1621 Druid Hill Ave

20. FILED ..... 19 ..... By ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1935, to April 1, 1935

I last saw h-- alive on March 25, 1935. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar — Date of onset March 25 1935

Other contributory causes of importance: Arteriosclerosis — March 25 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. H. Hoffman M. D.

(Address) 1125 S. Hanover St

F 11263

F 11263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., 17th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Nottingham

(a) Residence: No. 759 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 31st 1933

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Michigan

13. NAME OF FATHER Elmer Nottingham

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Peggy Robinson

16. BIRTHPLACE (city or town) (State or country) Detroit Michigan

INFORMANT Mr. Elmer Nottingham

(Address) 759 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 4/2/ 1935

UNDERTAKER John F. Cowan & Son

(Address) 901 Hollins St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1- 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30 1935 to April 1 1935

I last saw him alive on April 1 1935 Death is said to have occurred on the date stated above, at 12 35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Broncho-Pneumonia	3-26-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

(Address) St. Agnes' Hospital.

M. D. H. 1968-9

Gaskins

F 11264

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11264

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Druid Hill Ave. Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Gaskins

(a) Residence: No. 1629 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Matthew Gaskins

7. DATE OF BIRTH (month, day, year): 1869

8. AGE: Years 66; Months; Days; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West Maryland Va

13. NAME Parents Gaskins

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME Lena Brown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT Lena Gaskins

(Address) 1629 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cemetery Date of burial ... 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ... 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible] to May 30 1935

I last saw her alive on May 27 1935 Death is said to have occurred on the date stated above, at 3:00 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Feb 28

Other contributory causes of importance:

Myocarditis — Date of onset [illegible]

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jesse Allen M. D.

(Address) 307 Cathedral St

F 11265

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11265

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Baltimore Gen Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Lucas

(a) Residence: No. 118 E. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henrietta Lucas.

DATE OF BIRTH (month, day, year) June 5 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Not known
14. BIRTHPLACE (city or town) (State or country) Not known
15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) Not known
17. INFORMANT James E Lucas
(Address) 122 E Barney St
18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 4-4 1935
19. UNDERTAKER E & R Stark
(Address) 115 E Preston St
20. FILED Apr 2 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1935

I HEREBY CERTIFY, That I attended deceased from March 23 1935 to April 1 1935
I last saw him alive on April 1 1935 Death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes with Carbuncle of neck	unknown
	3-17-35

Other contributory causes of importance:

Name of operation Incision & drainage of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Milton P. Klein M. D.
(Address) 10 Balto. Hosp.

M. D. B. 1265 F 11266 ✓ F 11266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 S. Robinson St., 1 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 30 yrs. ... mos. ... ds.

2. FULL NAME Anna P. Russo

(a) Residence: No. 155 S. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced, (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louis Russo

6. DATE OF BIRTH (month, day, year): Jan 6, 1878

7. AGE: Years 57 | Months 2 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Benedetto Pandolfo

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Maria Accardo

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Benjamin Russo
(Address) 316 S. High st

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: April 3, 1935

19. UNDERTAKER: Frank V. Pipitone
(Address) 2518 E. Baltimore st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 31st, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1935 to March 31, 1935

I last saw h... alive on March 21, 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Paralysis
Arteriosclerosis
Hypertension
Chronic Nephritis

Date of onset: ? ? ? ? 1 year

Other contributory causes of importance:

Cerebral Arteriosclerosis
Acute Nephritis

Date of onset: ? 2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) ... M. D.

(Address)

F 11267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Armiger

(a) Residence: No. 244 S. Eden St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10 / 30 / 1874 ~~1874~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 00	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary E. King (friend)
(Address) 244 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 4-4-35 19

19. UNDERTAKER Richard W. Meyer
(Address) 620 Johnston St

20. FILED 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/28, 1935 to 3/31, 1935

I last saw him alive on 3/31, 1935 Death is said to have occurred on the date stated above, at 3 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert A Watts M. D.

(Address) Balto City Hosp

Cor.—10-10-[illegible] A C[illegible]

F 11268 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11268

CERTIFICATE OF DEATH X 212F

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2207 St. Paul St., 13 Ward)

2-FULL NAME Harvey A. Taylor

(a) RESIDENCE NO. Dorchester Co Ind St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M.	W	Widower

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lillian Taylor

6 DATE OF BIRTH (month, day, and year) Dec 10-1896

7 AGE	Years	Months	Days	IF LESS than 1 day ..hrs. or ..min.
38	38	3	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer & Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Talbert Co
(State or country) Ind

PARENTS

10 NAME OF FATHER G. B. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbert Co Ind

12 MAIDEN NAME OF MOTHER ~~Emma Taylor~~ Sarah Naughton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbert Co Ind

14 Informant Mrs. E. J. Frischmann
(Address) Cambridge Ind

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-1-35

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH was as follows:

Fractured spine

Fell off a wagon Accident

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [signature] M. D.

4/2 1935 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge, Ind.

DATE OF BURIAL 4 3 1935

20 UNDERTAKER Geo LeCompte

ADDRESS Cambridge, Ind

F 11269

M. D. B. 1368-4

F 11269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward) 27 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs. ..... mos. .....ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert A. Andrews

(a) Residence: No. 2909 White Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Clara G. Andrews

6. DATE OF BIRTH (month, day, year) Aug. 13, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66 yrs	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Wm. Andrews

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Mary A. Hagan

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Clara G. Andrews
(Address) 2909 White Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Apr. 3, 1935

19. UNDERTAKER Leonard J. Krouse
(Address) 5305 Harford Rd.

20. FILED ..... 19..... ..... Registrar.

4-2-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935, to April 1, 1935

I last saw h.. alive on April 1, 1935. Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset 3/11/35

Other contributory causes of importance:

Lobar Pneumonia

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

H. D. H. 1268-9

F 11270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11270

82a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Braddish Ave. St., Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES N. CULVER

(a) Residence: No. 1910 Braddish Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Culver

DATE OF BIRTH (month, day, year) Nov. 14. 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William F. Culver

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Barbara E. Elsrode

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Anna Culver (Wife)

(Address) 1910 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL
Name Baltimore Cemetery Date Apr. 3. 1935

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. FILED 4-2 1935, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from January 6. 1935 to March 31. 1935

I last saw h.im alive on March 31 1935 Death is said to have occurred on the date stated above, at 8.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar 30 1935
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John G. Volkmann M. D.

(Address) 16 S. Broadway

H. D. B. 1268-9

✓ F 11271

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11271

CERTIFICATE OF DEATH

46B

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE. MD St., Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret B. Burkhardt

(a) Residence: No. 3714 Hudson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of August F. Burkhardt

DATE OF BIRTH (month, day, year) Apr. 19. 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	11	19 1/2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joseph H. O'Brien

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

15. MAIDEN NAME Catherine Sann

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. August F. Burkhardt (Husband)

(Address) 3714 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem. Apr. 4 1935

Place Date ... 19...

19. UNDERTAKER HENRY SANDER & SONS INC. Leigh F. Sander

(Address) Baltimore & Broadway.

20. FILED Apr 2 1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1935, to March 31, 1935

I last saw h[illegible] alive on March 31, 1935. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of stomach	?
2. Bronchopneumonia terminal	
Other contributory causes of importance:	
3. Secondary anaemia	

Name of operation None. Date of

What test confirmed diagnosis clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

H. D. B. 1268-9

F 11272 HEALTH DEPARTMENT—CITY OF BALTIMORE 1272

CERTIFICATE OF DEATH

162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edgewood Sandalanier St., 27 Ward) 27

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 93 yrs. 5 mos. 8 ds.

2. FULL NAME Margaret K Lineballer

(a) Residence: No. Edgewood Sandalanier St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): Aug 24-1841

8. AGE: Years 93 | Months 5 | Days 8 | If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Shrewsbury Pa

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Mrs Agnes K Maguder

(Address): Fredericksburg Va

18. BURIAL, CREMATION, OR REMOVAL

Place: Emmitsburg Date: April 3 1935

19. UNDERTAKER: Stewart Mumbert Co

(Address): 108 W Main ave

FILED: APR 2 - 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to April 1st 1935

I last saw her alive on March 29 1935. Death is said to have occurred on the date stated above, at 5.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermittis 7 Day C.	

Other contributory causes of importance:

	Unk

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____, 19____

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Kuser M. D.

(Address) Westminster Md

M. D. B 1268-4

✓ F 11273

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11273

CERTIFICATE OF DEATH

47B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Winston Ave St., Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H Shillmon

(a) Residence: No. 421 Winston Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma C Shillmon

7. DATE OF BIRTH (month, day, year) Feb 5, 1893

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Yard Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O RR

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

13. NAME OF FATHER: Harry T Shillmon

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Thomas J Caldwell

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Emma C Shillmon

(Address) 421 Winston Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Cem Date Mch 4 1935

19. UNDERTAKER: Wm C Fox

(Address) 1219 E Fayette St

20. FILED 1935 Thurlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1935 to March 31, 1935 last saw h in alive on Mar 31st, 1935 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance: Carcinoma of R Lung

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur C Monninger, M. D.

(Address) 800 E North Ave

D. P. 1268-9

✓ F 11274

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

F- 11274

Registered No. .....

1. PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 11

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Hines

(a) Residence: No. 713 N. Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Clothilda Hines

6. DATE OF BIRTH (month, day, year) June 17th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0015

10. Date deceased last worked at this occupation (month and year) Feb 1925

11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Providence R. I.

13. NAME William H. Hines

14. BIRTHPLACE (city or town) (State or country) Providence R. I.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Providence R. I.

INFORMANT Wm H. Hines

(Address) 713 N. Calvert St

BURIAL, CREMATION, OR REMOVAL Place St Francis Cemetery Pawtucket R.I. Date April 2nd 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935, to March 21, 1935

I last saw him alive on March 21, 1935 Death is said to have occurred on the date stated above, at 5:21 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostasis	
Cardiac hemorrhage & thrombosis	
Chronic myocarditis	
Cardiac hypertrophy	
Arteriosclerosis	

Other contributory causes of importance:

Chronic nephritis	
Pneumonia	
Acute lobar pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A Spear, M. D.

(Address) Sinai Hospital

D. B. 12 T 11275 F 11275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 S. Linwood Ave St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Smith Franklin

(a) Residence: No. 5 S. Linwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Ezra S. Franklin

DATE OF BIRTH (month, day, year) Mch 22 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Samuel Franklin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Fannie S. Franklin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Ezra S. Franklin

(Address) 5 S. Linwood Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apl. 3. 1935

UNDERTAKER Theo. Jones Sons

(Address) 1211 W. Broadway.

FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 9. 1934 to March 30. 1935

I last saw him alive on March 30. 1935 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Uremia	12 9 34

Other contributory causes of importance: X

Name of operation X Date of

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X ... 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify X

(Signed) C. Ben Williams M. D.

(Address) 3200 Leonard ave

D. P. 1268-9

F 11276

11276 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 172-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 27 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Weaver

(a) Residence: No. 2211 Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 6, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

13. NAME Thomas Weaver

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

15. MAIDEN NAME Martha Turner

16. BIRTHPLACE (city or town) (State or country) Ellicott City Md

17. INFORMANT Etta Cuddy

(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 2 1935

19. UNDERTAKER Charles H Reehmer

(Address) 2301 Edmondson Ave

APR 2 - 1935

Registered Huntington Printing Co., Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29. 1935 to March 31. 1935

I last saw her alive on March 31 1935 Death is said to have occurred on the date stated above, at 6 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Umbilical Hernia	3 days

Other contributory causes of importance:

Chronic Myocarditis

Name of operation Herniaplasty Date of 3/29/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Proctor Jr M. D.

(Address) Md Gen Hospital

F 11277

H. D. P. 1268-9

11277 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Lanman St., 15 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Fauntleroy Roper

(a) Residence: No. 1316 Lanman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Roper

DATE OF BIRTH (month, day, and year) March 7th 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newport News Va

13. NAME OF FATHER Jerd Riley

14. BIRTHPLACE (city or town) (State or country) Newport News Va

15. MAIDEN NAME OF MOTHER Rose Outlaw

16. BIRTHPLACE (city or town) (State or country) Newport News Va

17. INFORMANT Eugene Riley

(Address) 1316 Lanman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cem Date April 2 1935

19. UNDERTAKER Geo. H. Holland

(Address) 1501 Druid Hill Ave

20. FILED April 2 1935, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19th 1934 to March 29th 1935, 19

I last saw her alive on March 28th 1935, 19. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 26th 1935

Other contributory causes of importance: Pul. Tuberculosis

Name of operation None Date of operation

What test confirmed diagnosis? Clinical & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. DeSola Mills M. D.

(Address) 924 Madison Ave

F. D. P. 1268-9

278

F 11278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hutchins.

(a) Residence: No. 1022 N. Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maggie

DATE OF BIRTH (month, day, year) March/10/?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddla & Beggar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co, Md

13. NAME Perry ?

14. BIRTHPLACE (city or town) (State or country) East Shore, Md

15. MAIDEN NAME Henrietta ?

16. BIRTHPLACE (city or town) (State or country) East Shore Md

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W.P. Cemetery Date April 2 - 1935

19. UNDERTAKER Jos. Geo. H. Holborn & Sons

(Address)

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 . 1932 to 3/26 . 1935

I last saw him alive on 3/26 . 1935 Death is said to have occurred on the date stated above, at 5-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration
a Bronchopneumonia	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify)

(Signed) Robert A. Reitter M. D.

(Address) Balto City Hosp.

D. B. 1368-9

F 11279

F 11279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 E. University Parkway St., 12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Wyatt Hooper

(a) Residence: No. 1 E. University Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Francis X. Hooper

6. DATE OF BIRTH (month, day, year) January 1, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Alexander Hamilton Wyatt

14. BIRTHPLACE (city or town) Virginia (State or country)

15. MAIDEN NAME Sarah Wilson

16. BIRTHPLACE (city or town) Virginia (State or country)

INFORMANT Mr. Edward J. McCall

(Address) 7121 Rich Hill Rd., Stoneleigh

BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cem. Date April 7, 1935

UNDERTAKER Joseph D. Cook

(Address) 1005 E. Baltimore St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.. alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Morrison M. D. Coroner

(Address) 7608 Roland Ave.

2-10-35 Surrender Chas. Co.

D. B. 1268-9 F 11280

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11280

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Joseph Famback

(a) Residence: No. 332 S. Monroe St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-31-35

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph Famback

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

15. MAIDEN NAME Lillian ~~Yager~~ Yager

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mr. Joseph Famback
(Address) 332 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. April 3 1935

19. UNDERTAKER Joseph H. Cook
(Address) 1003 E. Baltimore St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/31/35 1935 to 4-2-35 19

I last saw him alive on 4-2-35 19 Death is said to have occurred on the date stated above, at 1:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mos)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) O. B. Hamilton M. D.

(Address) Bon Secours Hospital

F 11281

Morris Wolfe

F 11281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hosp. St., ... Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Morris Wolfe

(a) Residence: No. 1630 WARWICK AVE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dora (wife)

DATE OF BIRTH (month, day, year) March 16 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of Father Samuel Wolfe

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben. Schonfeld

(Address) 3410 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL Levering Run Cem Date 4/2/35

19. UNDERTAKER Jos. Lewis Bro

(Address) 1432 E Baltimore

20. FILED 4/2/35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/30/35, 19 to 4/1/35, 19

I last saw h.i.f. alive on 4/1/35, 19 Death is said to have occurred on the date stated above, at 5:25 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3/30/35

Other contributory causes of importance:

Broncho-Pneumonia — 4/1/35

I 1643

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carl F. Wilder M. D.

(Address) West Balto Gen'l Hosp.

F. D. B. 126 F 11282

F 11282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510 — 14 N. Gilmore St., 17 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Tisdale

(a) Residence: No. 638 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	A.A	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of unk

DATE OF BIRTH (month, day, year) 1 82

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	unk	unk	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reed Spring N. Carolina

13. NAME John McDonald

14. BIRTHPLACE (city or town) (State or country) Reed Spring N. Carolina

15. MAIDEN NAME Amanda Fields

16. BIRTHPLACE (city or town) (State or country) Reed Spring N. Carolina

17. INFORMANT Lee Tisdale

(Address) 638 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Petersburg Va Date April 2, 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Shoemaker St

20. FILED April 2 1935 Huntington Travers M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1935 to 3/31, 1935

I last saw her alive on 3/31, 1935. Death is said to have occurred on the date stated above, at 3.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	unk
Chr. Myocarditis	
arterio sclerosis	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carson C. Thurston, M. D.

(Address) 1802 Penna Ave

F 11283

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11283 1

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Johns.

(a) Residence: No. 615 N. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W.

7. DATE OF BIRTH (month, day, year) 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Dave Nicholson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Edna Royal

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Zion (Cem.) Date April 2nd, 1935

19. UNDERTAKER (Wroe Orie) Wroe Bros. Funeral Dirs.

(Address) 1000 E. Broadway

Filed 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/18, 1935 to 3/30, 1935

I last saw her alive on 3/30, 1935 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	2 mo.

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

F 11284

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11284

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Augusta St. 26-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Bunner

(a) Residence: No. 311 S Augusta St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jos J Bunner.

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 64 | Months: | Days: | If LESS than 1 day, hrs. or min.: 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: ? Johnson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mc Kinney

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mr Jos Bunner.
(Address) 311 Augusta.

18. BURIAL, CREMATION, OR REMOVAL
Place Lodge Reservoir Date 2/2/35 19

19. UNDERTAKER: J J Foley Sons
(Address) 318 Light

20. FILED 2 1935, 19 ... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to March 31 1935

I last saw her alive on March 31 1935. Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. Decompensation	
Senility	

Other contributory causes of importance:

Pulmonary Edema

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical ... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

19... (Signed) Norbert D Steck M. D.

(Address) 2151 Wilkens ave

O'Keeffe ✓ F 11285

D. B. 1268-9

F 11285 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Doris O'Keeffe

(a) Residence: No. 511 Maydel Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 9-17-15

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Thomas J. O'Keeffe Jr

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

15. MAIDEN NAME Amelia Frieger

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Thos W J O'Keeffe Jr
(Address) 511 Maydel Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4/2/35 19

19. UNDERTAKER J. J. Bakey & Sons
(Address) 1311 Light St

20. FILED 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-35 19

22. I HEREBY CERTIFY, That I attended deceased from March 27 1935 to Mar. 31 1935

I last saw her alive on 3-31-35 19 . Death is said to have occurred on the date stated above, at 10:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-9

✓ F 11286

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11286

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 S. Smallwood St., 20 Ward)

Length of residence in city or town where death occurred 45 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME C. Carroll McGee

(a) Residence: No. 324 S. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Nellie B Vinyard

6. DATE OF BIRTH (month, day, year) Dec 5th 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	3	27½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas B. McGee.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Annie A. Pollard.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Nellie B. McGee
(Address) 324 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 4/5/ 1935

19. UNDERTAKER John F. Cowan Inc.
(Address) 1921 Hollins St.

20. Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/ 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1929 to April 1 1935
I last saw him alive on April 1 1935. Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocardial	
Myocardial disease	1929
complicated arterio	
sclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) W. Mitchell M. D.

(Address) 2901 Edmondson Ave

H. D. B. 1268-9

✓ F 11287

19287 89

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kowalczyk

(a) Residence: No. 209 S Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) 1878 ~~1865~~ ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Pete ?

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rosie ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Levered 2 Ext. Mary Date April 1 35

19. UNDERTAKER F W Ozarzedski
(Address) 1900 Eastern Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1935 to March 30, 1935

I last saw him alive on March 30, 1935 Death is said to have occurred on the date stated above, at 8 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis - organ unknown	?
Cachexia	

Other contributory causes of importance:

Cardiac failure	

Name of operation Exploratory Laparotomy Date of 3-16-35

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ..... M. D.

(Signed) M B Woodhall

(Address) Johns Hopkins Hosp.

M. D. F 1268-9

✓ F 11288

288

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 E. 29 St. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Preller

(a) Residence: No. 1625 E. 29 St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Elizabeth Preller

6. DATE OF BIRTH (month, day, year) Nov. 9 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. about 80

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Preller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT J. Leo Preller
(Address) 4101 Groveland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date April 4 1935

19. UNDERTAKER Henry Hocket Sons Inc
(Address) 1301 E. Eager St

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-31-1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to March 31 1935

I last saw him alive on March 29 1935. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?

Other contributory causes of importance:

Senility	
Arteriosclerosis	
Bronchial Pneumonia	5 D.

Name of operation None Date of

What test confirmed diagnosis? Symp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. C. Baker M. D.

(Address) 114 W. Fayette

H. D. P. 1269-9

F 11289

1289 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 950 Aisquith St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Heim

(a) Residence: No. 950 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (Husband) of (or) WIFE of Michael Heim

7. DATE OF BIRTH (month, day, year) October 31 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls Md

13. NAME Louis Deffpesch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Michael Heim

(Address) 950 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date April 4 1935

19. UNDERTAKER Henry Hoecker Sons Inc.

(Address) 1301 E. Cager St.

20. FILED 1935 Huntington Maryland April 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23 1935 to March 31 1935

I last saw h[illegible] alive on March 30 1935. Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease (Mitral insufficiency)	Aft. 1934

Other contributory causes of importance:

Acute dilatation of heart

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Schmidt M. D.

(Address) 701 N. Howard Ave.

M. D. B. 1268-B

✓ F 11290

11290 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Alto Road St., 15 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Dallas

(a) Residence: No. 3408 Alto Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elma Wilkinson

7. DATE OF BIRTH (month, day, year) March 15 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 60 yr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

13. NAME Peter Dallas

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Margaret Andrews

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Chase W. Hoadley

(Address) 3408 Alto Road

18. BURIAL, CREMATION, OR REMOVAL

Place Atlantic Iowa Date Apr. 4. 1935

19. UNDERTAKER John O. Stitzell Sons

(Address) 1900 Eutaw Place

Thurston Pilkington Registrar.

20. FILED 4-2-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1. 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-20 . 1935 . to 4-1 . 1935

I last saw h[illegible] alive on 4-1 . 1935 Death is said to have occurred on the date stated above, at 8 30 P m

The principal cause of death and related causes of importance were as follows: ARTERIOSCLEROTIC HEART DISEASE — Date of onset ?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

No If so, specify

(Signed) Jno L. Josey M. D.

(Address) 1129 St. Paul St.

D. P. 1268-9

F 11291

11291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital, Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edward Buck

(a) Residence: No. 1014 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 26 - 1935.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Jesse Buck

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

15. MAIDEN NAME Carrie Howard

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

17. INFORMANT Jesse Buck

(Address) 1014 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place ~~or Mt Olivet~~ Date 4/2/35 19

19. UNDERTAKER Katie R. Williams

(Address) 522 N. Schroeder St.

20. FILED 4-2-1935 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mar. 30 1935

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. H. L. Vahlteich M. D. Coroner

(Address) 21 E. Broadway

AaCo. 5-31 250B

F 11292

292

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 Pitcher St. 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jane Sheppard

(a) Residence: No. 636 Pitcher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Florence Allen

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Jane Sheppard

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Olivia Robyns
(Address) 636 Pitcher St

18. BURIAL, CREMATION, OR REMOVAL
Place West Point Date Apr 4 1935

19. UNDERTAKER James E Sayers
(Address) 142 Woodlawn Ave

20. FILED 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935, to April 1, 1935

I last saw h[er] alive on Mch 31 1935 death is said to have occurred on the date stated above, at 12 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	'34
Other contributory causes of importance: Hypertension	

Name of operation ... Date of ...
What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. S. McCard M. D.
(Address) 2029 Druid Hill Ave

M. D. F. 1268-9

F 11293

11293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Culver St., 70 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Antone Schork

(a) Residence: No. 63 S Culver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, (Widowed) or divorced HUSBAND of (or) WIFE of Margaret H Schork

6. DATE OF BIRTH (month, day, year) Jan 2 1852

7. AGE Years 79 Months 2 Days 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Not Known

14. BIRTHPLACE OF FATHER (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

17. INFORMANT Mrs Louis Heith

(Address) 63 S Culver

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem 4/3 1935

Place

19. UNDERTAKER Frye & Turley

(Address) Fulton & Lafayette

20. FILED Huntington Ave Station 8 JFH

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 31 1935 to Apr 1 1935

I last saw alive on Apr 1 1935 Death is said to have occurred on the date stated above, at 130 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 Days

Other contributory causes of importance:

arterio-sclerosis	indefinite

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ee Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ✓

(Signed) J. T. Kyser M. D.

(Address) 3321 Fredk ave

M. D. B. 1268-9

F 11294

11294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Ravenwood Ave St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frederick F. Wassmann

(a) Residence: No. 3337 Ravenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Wassmann

DATE OF BIRTH (month, day, year) Oct 25, 1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Plant No 2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

13. NAME Dietrich W. Wassmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Ferber

16. BIRTHPLACE (city or town) (State or country) Wash D C

17. INFORMANT Leonard Wassmann

(Address) 173 N. Steiger St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 4/5 1935

19. UNDERTAKER J. A. Frame & Son

(Address) 1618 Pennsylvania Ave

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to April 1, 1935

I last saw h[illegible] alive on April 1, 1935 Death is said to have occurred on the date stated above, at 10:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1½ Mo
	1 yr
	5 d
	9 d

Other contributory causes of importance: Dyspepsia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address)

F 11295

M. D. B. 1295 F 11295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. 25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3825 - 4th ave St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie W. Graf

(a) Residence: No. 3825 - 4th Ave St., Ward. East Brooklyn

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ (or) WIFE of Henry L. Graf

DATE OF BIRTH (month, day, year) July 15th 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8 7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Feb 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Casper Himmel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Sperckman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Dora Himmel

(Address) 3825 - 4th Ave E. Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Apr 4th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Apr 5 - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1935 to April 6 1935

I last saw her alive on February 28 1935 Death is said to have occurred on the date stated above, at 5:25 p. m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 mo
Arteriosclerosis	6 mos

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Keller M. D.

(Address) 408 East Park Ave

F 11296

F 11296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1625 E. Lafayette Ave Ward) 8
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Anna Knapp

(a) Residence: No. 1625 E. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 21st 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Theodore Knapp
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Louis Kohol
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Louis Weaver
(Address) 3009 Alameda Blvd
18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date 4/4/ 1935
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED 4-5 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd 1935
22. I HEREBY CERTIFY, That I attended deceased from December 1934 to April 2 1935
I last saw her alive on April 1, 1935 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Progressive Myocarditis	"
Cirrhosis of Liver	"

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Edward G Dingeldein M. D.
(Address) 1625 E. Lafayette Ave

M. D. B. 1268-9

F 11297

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11297

CERTIFICATE OF DEATH

Registered No. 6 v 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4318 Glenmore Ave (St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amalia C. Klingelhoefer

(a) Residence: No. 4318 Glenmore Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Klingelhoefer

6. DATE OF BIRTH (month, day, year): Jan 28, 1865.

7. AGE: Years 70 | Months 3 ½ | Days 2. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Valentine

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Anna Markel

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mr. Edmund C. Klingelhoefer

(Address): 4318 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cemetery Date: 4/3/ 19 30

19. UNDERTAKER: J. Heimann & Son

(Address): 3 E. Broadway

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 30, 1930

22. I HEREBY CERTIFY, That I attended deceased from May 17-05, 19..., to May 30, 1930

I last saw h... alive on May 30, 1930. Death is said to have occurred on the date stated above, at 9:58 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Edema	May 27/30

Other contributory causes of importance: Acute Nephritis — May 27/30

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Alma B. Lemmon M. D.

(Address) 710 W. Baltimore St.

F 11298

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11298

CERTIFICATE OF DEATH

V 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 250 S Clinton St., 7th Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer E Smith

(a) Residence: No. 250 S Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Smith

DATE OF BIRTH (month, day, year) Sept 20-1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7 6	6 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Plate Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Motor Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Elmer Smith

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary L Bull.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Lillian Smith (Wife)
(Address) 250 S Clinton

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr 4 19 35

19. UNDERTAKER Talley & Zeiler
(Address) 703 W Fayette

20. FILED 19 Registrar.

3-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21 1935 to March 31 1935

I last saw h alive on March 31 1935 Death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	11 days
Other contributory causes of importance:	
Hemiplegia	11 days

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C J Wheatley M. D.

(Address) 1279 Fulton Ave

M. D. P. F-9 F 11299

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11299

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Brown (Illegitimate)

(a) Residence: No. 1134 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) March 21, 1935

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md Baltimore City Hospitals

13. NAME Augustus McCory

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Eliz. Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Disposed of by Balto City Hosp. Date ...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1935, to March 30, 1935

I last saw her alive on March 30, 1935. Death is said to have occurred on the date stated above, at 8:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (8 months)	
Other contributory causes of importance: Cerebral Hemorrhage	3/30/35

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Fred. E. Kodam, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

11300 HEALTH DEPARTMENT—CITY OF BALTIMORE 11300

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 East West St., 24 Ward)

Length of residence in city or town where death occurred 75 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ELIZABETH HARLE.

(a) Residence: No. 115 East West St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

6a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) DEC. 17 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FUNERAL

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DIRECTOR.

10. Date deceased last worked at this occupation (month and year) 0/46

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) SWITZERLAND

13. NAME BERNHARD. HARLE

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME ELIZABETH. EHRBAR

16. BIRTHPLACE (city or town) (State or country) SWITZERLAND.

17. INFORMANT BERNARD. C HARLE

(Address) 121 E. WEST. ST.

18. BURIAL, CREMATION, OR REMOVAL

Holy CROSS AAG. Date 4-15. 1935

19. UNDERTAKER John KENNY. SONS. INC.

(Address) 1600 HOLLINS. ST.

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935.

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1931 to April 2 1935.

I last saw her alive on April 1, 1935 Death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Not known
Cardiac Hypertension	
Chronic Nephritis	
Broncho Pneumonia	March 31, 1935
Other contributory causes of importance:	
acute oedema Pulmonalis	April 1, 1935

Name of operation none Date of ... Physical & Laboratory Examination

What was confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify ...

(Signed) J. Edward Norris M. D.

(Address) 107 East West st.

M. D. B. 1268-9

F 11301

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11301

CERTIFICATE OF DEATH

1. PLACE OF DEATH Geo Hospital General Hospt. Registered No. 1131

CITY OF BALTIMORE: (No. 15 21 Eutaw St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Lee

(a) Residence: No. 2545 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Lee

7. DATE OF BIRTH (month, day, year) Aug 28 1845

8. AGE — Years 67 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

13. NAME Calvin Briggs

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

15. MAIDEN NAME Margaretta Briggs

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Mary Simpson

(Address) 1395 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Piney grove md Date 4/3 35

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1935 to March 31 1935

I last saw h alive on March 31 1935 Death is said to have occurred on the date stated above, at 8.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Indefinite
Chronic Nephritis	

Other contributory causes of importance:

Senility	3-28-35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Wesbrook M. D.

(Address) 811 Eutaw St

M. D. P. 1268-9

F 11302

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11302

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Ivory Booker

(a) Residence: No. 216 S. Bethel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 8/15/1891

7. AGE: Years 44 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cafe

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Tom

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Maggie Watkins

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Calvary Date 4-3 1935

19. UNDERTAKER: Robert E. Young

(Address) 804 N. Carrollton Ave.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/27 1935 to 3/31 1935

I last saw him alive on 3/31 1935 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

H. D. B. 1268-9

F 11303

F 11303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 W. Fayette St., 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Robinson

(a) Residence: No. 2320 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene E. Robinson

7. DATE OF BIRTH (month, day, year) Aug. 6, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hoppe. McLaw Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Geo. W. Robinson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Irene E. Robinson

(Address) 2320 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date Apr. 4, 35

19. UNDERTAKER Wm. H. Tietjen Sons

(Address) North & Pulaski.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw he[illegible] alive on April 1, 1935. Death is said to have occurred on the date stated above, at 2.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Prostate with Mets	1934
Other contributory causes of importance:	
Fracture	1934

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) A. C. [illegible] M. D.

(Address) 4904 Fac[illegible]

H. D. B. 1208-B

F 11304

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11304

CERTIFICATE OF DEATH

186-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 17 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chester Fielding Croxton

(a) Residence: No. 2722 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Chester F.~~ Croxton (d) Mary B.

DATE OF BIRTH (month, day, year) June 19, 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Indiana

13. NAME Franklin Croxton

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Amelia Wachtel

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Richard H. Croxton
(Address) 2722 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Md Date Sept 4 1935

19. UNDERTAKER Wm J. Tickner & Son
(Address) Mt Washington Baltimore

FILED 3 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-29-35, 19, to 4-2-35, 19

I last saw him alive on 4-2-35, 19. Death is said to have occurred on the date stated above, at 4 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture, left hip	1-29-35
? Broncho-pneumonia	?3-29-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 1-29-35, 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place St. Paul & 26th St.

Manner of injury Fell on ice

Nature of injury Fractured left hip

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John Whitridge, Jr. M. D.

(Address) U. M. Hospital

M. D. F. 1268-9

F 11305

F 11305 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-N

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp St., 10 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Helen Renner.

(a) Residence: No. 923 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1885

7. AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): —

15. MAIDEN NAME: Kent

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT (Address): Hospital Records City Hospitals

18. BURIAL, CREMATION, OR REMOVAL: Cemetery Holy Redeemer. Date April 3 1935

19. UNDERTAKER (Address): Chas B. Kuchamotas 637 S Paca St

Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/28 1935 to 3/30 1935

I last saw her alive on 3/30 1935 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of Onset 2 days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

M. D. B 1268-9

F 11306

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11306

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? 9 yrs. mos. ds.

2. FULL NAME Edward ~~Kinel~~ Kimmel

(a) Residence: No. 2120 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Max ~~Kinel~~ Kimmel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mary Dinnie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Burying Ground Date 4/6/35
19. UNDERTAKER Jos. L. Levi & Son
(Address) 1439 E. Baltimore St.

20. FILED Apr 6 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) 4/2/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia from Urinary Retention	
Other contributory causes of importance: Prostatic Hypertrophy	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. S. Herzog M. D. Coroner
(Address) 1-20 N Patterson Park Ave

F 11307

F 11307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Otten

(a) Residence: No. 3535 Ensbrook One St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John L. Otten

7. DATE OF BIRTH (month, day, year): April 11, 1897

8. AGE: Years 37 | Months 11 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME of Father: Peter Walker

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME of Mother: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Christina Balzarini

(Address) 3535 Ensbrook St

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mary's Hampden Date: April 4, 1935

19. UNDERTAKER: Ehrmann Bros.

(Address) 3615-17 Chestnut Ave

20. FILED ..., 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1935 to 4-2, 1935

I last saw her alive on 4-2, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset 4-2-35

Coronary thrombosis

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. Form 9 F 11308

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11308

CERTIFICATE OF DEATH

✓ 57B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A Woodward

(a) Residence: No. 1916 W. Baltimore St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Florence Woodward

6. DATE OF BIRTH (month, day, year) September 24, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 years	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Baltimore, Md.

FATHER

13. NAME Barney Woodward

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Emma Benson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Florence Woodward

(Address) 1916 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4 19

19. UNDERTAKER E. B. Kephart & Son

(Address) 1300 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31-35 19

22. I HEREBY CERTIFY, That I attended deceased from March 18 1935 to March 31 1935

I last saw h. alive on 3-31-35 19 . Death is said to have occurred on the date stated above, at 9:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	

Other contributory causes of importance:

Cardiac Hemorrhage
Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Theodore A. Schwartz, M. D.

(Address) of Mercy Hospital

11309 F 11309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 Newington Ave. St., 13 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA A. ENGELHAUPT

(a) Residence: No. 805 Newington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of : : : : : :

6. DATE OF BIRTH (month, day, year) 1856

7. AGE: Years 79 | Months : : | Days : : | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Adam Engelhaupt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E. Strickert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick C. Engelhaupt
(Address) 805 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Apr. 3, 1935

19. UNDERTAKER Chas. L. Eyrau Inc.
(Address) 111 N. Mt. Royal Ave.

20. FILED APR 3 - 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1935 to April 1, 1935

I last saw her alive on April 1, 1935 Death is said to have occurred on the date stated above, at 4.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar Pneumonia	3,28
b	
c	
d	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Geo. Keller, M. D.

(Address) 1937 Gough St

M. D. B. 1208-9

F 11310

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11310

CERTIFICATE OF DEATH

Brooklyn 51-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 Edison St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Alonza Upton

(a) Residence: No. 308 Edison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (~~or wife of~~) Carrie A Upton

6. DATE OF BIRTH (month, day, year) March 30 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter

10. Date deceased last worked at this occupation (month and year) about 3 yrs

11. Total time (years) spent in this occupation

OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Odenton Md

FATHER

13. NAME James F Upton

14. BIRTHPLACE (city or town) (State or country) Odenton md

MOTHER

15. MAIDEN NAME Mary E Dyson

16. BIRTHPLACE (city or town) (State or country) Elkridge md

17. INFORMANT (Address) Mrs Carrie A Upton 308 Edison St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 3 1935

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED 1935 Registrar. K.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1934 to Mar 31 1935

I last saw h[illegible] alive on 3/31/35 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Bladder	9/35

Other contributory causes of importance: General debility

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of Injury X 19

Where did Injury occur? X (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place X

Manner of Injury X

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? X If so, specify X

(Signed) Thos Angle M. D.

(Address) 1340 Charles X

M. D. B. 1268-9

F 11311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11311

X 54-D

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 418 Virginia ave St., Towson md Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Judge William Payne Butler

(a) Residence: No. 418 Virginia Ave St., Towson md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. W. P. Butler

7. DATE OF BIRTH (month, day, year) Sept. 12, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	5 6	20 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Judge

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0647

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Samuel F. Butler

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Payne

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thomas B. Butler

(Address) 3939 Canterbury ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date April 5, 1935

19. UNDERTAKER John Burns Sons

(Address) Towson Md

FILED ... 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1935 to April 4, 1935

I last saw h[illegible] alive on April 4, 1935. Death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

Multiple Cerebral abscess

Lung Pneumonia, bilateral.

Date of onset ?

Mar. 15, 1935

Other contributory causes of importance:

Brain Tumor

Removed 3-4-35

6 mos.?

Name of operation Craniotomy & removal of brain tumor Date of 3-4-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Garis, M. D.

(Address) Union Memorial Hosp.

F 11312

F 11312

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evans Baynes.

(a) Residence: No. 1749 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 9/10/1890.

8. AGE — Years: 44. Months: 6 Days: 22 If LESS than 1 day, ...hrs. or ....min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Balto.

14. NAME Charles

15. BIRTHPLACE (city or town) (State or country) Balto.

16. MAIDEN NAME Eunice Sawyer.

17. BIRTHPLACE (city or town) (State or country) Balto.

18. INFORMANT Charles Baynes (Father)

(Address) 1749 N. Castle St.

19. BURIAL, CREMATION, OR REMOVAL

Place Balto Lem Date 4-14-1935

20. UNDERTAKER Leo G. Cook

(Address) 1703 N. Patt Park ave.

21. FILED 4-15-1935 Hunter to Wise. Registrar

6 Nov 20 ?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/30. . 1935 to 4/2 . 1935

I last saw h. alive on 4/2 . 1935 Death is said to have occurred on the date stated above, at 10 ~~55~~ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3/28/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 11313

1313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 N. Fulton Av St., 16 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Mary Riordan

(a) Residence: No. 1022 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Apr. 23-1903

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	11	9 8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Liberty Town
(State or country) Maryland

13. NAME John Riordan

14. BIRTHPLACE (city or town) Liberty Town
(State or country) Maryland

15. MAIDEN NAME Margaret Collins

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Mrs. John Riordan
(Address) 1022 N. Fulton Av.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 4, 1935

19. UNDERTAKER Martin Fahey & Son
(Address) 1827 E. Baltimore Ave

20. FILED Apr 3 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 1- , 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26 , 1935 to Apr. 1- , 1935

I last saw h- alive on April 1 , 1935 Death is said to have occurred on the date stated above, at 6.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Mar 30 1935
Other contributory causes of importance:	
Chr. Arthritis Deformans	Oct. 1925

Name of operation None Date of —

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

M. D. P. 1268-9

11314 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11314

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins & Caton St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Murphy

(a) Residence: No. 1802 Wickes St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-29-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	14	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas B. Murphy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Vera Vance

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thos B Murphy (Address) 1802 Wickes St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 4/4 1935

19. UNDERTAKER Edward Foulson

(Address) 2309 Madison Ave

Baltimore Md

20. FILED 4-4-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-31 1935 to 4-1 1935

I last saw her alive on 4-1 1935 Death is said to have occurred on the date stated above, at 10 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Broncho Pneumonia	3-28-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Katherine A Healy M. D.

(Address) St. Agnes Hospital

M. D. F. 1938-9 F 11315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 11315

59 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3-E-33rd St., 12th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 10 mos. 28 ds. How long in U. S. If of foreign birth? 62 yrs. 10 mos. 28 ds.
62-10-28

2. FULL NAME May Dunn Haven

(a) Residence: No. 3-E-33rd St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arthur R. Haven

7. DATE OF BIRTH (month, day, year) May-5-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Ballto. Maryland

13. NAME William A Dunn
14. BIRTHPLACE (city or town) (State or country) Baelto. Maryland.
15. MAIDEN NAME Sarah E Clarke
16. BIRTHPLACE (city or town) (State or country) Kissimee

17. INFORMANT Miss Dorothy Lucille Haven (daughter)
(Address) 3-E-33rd St.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Mass Apl-3/35

19. UNDERTAKER Leitherwood Bros Co.
(Address) 168 W Pratt Ave.

20. FILED . 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 . 1935 . to April 2 . 1935
I last saw h[illegible] alive on April 2 . 1935 . Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930
Chronic Myocarditis	1934
Other contributory causes of importance: Acute Pulmonary oedema & Cardiac collapse	1 Day

Name of operation — Date of —
What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Helen F Rossman M. D.
(Address) 6 East Biddle St

M. D. P. 1936 F 11316

F 11316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3920 Boarman Ave., 15 Ward)

Length of residence in city or town where death occurred 82 yrs. 3 mos. 18 ds. How long in U. S. If of foreign birth 82 yrs. 3 mos. 18 ds.

2. FULL NAME Mary Lavinia Brown

(a) Residence: No. 3920 Boarman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alexander H. Brown

7. DATE OF BIRTH (month, day, year) Dec 15 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1888

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland.

13. NAME: George Bailey

14. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

15. MAIDEN NAME: Catherine L Pitkins

16. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

17. INFORMANT: Miss Mrs Brown (daughter)
(Address) 3920 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Cem. Date: Apr 4 1935

19. UNDERTAKER: Stewart & Co.
(Address) 108 N Fremont Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased (from) July 5th 1933 to April 2nd 1935 last saw her alive on April 2nd 1935. Death is said to have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/31/35
Other contributory causes of importance: Chronic nephritis. Arterio-sclerosis, senility	7/1/33

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J E Poulton M. D.
(Address) 3909 Gamon Blvd

M. D. P. 1268-9 F 11317 ✓ F 11317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6205 Fair Oaks Ave. St., 27 Ward)

Length of residence in city or town where death occurred, 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Morrison

(a) Residence: No. 6205 Fair Oaks Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Morrison

6. DATE OF BIRTH (month, day, year) Feb 11 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Robert L. Morrison
(Address) 6205 Fair Oaks Ave

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem. Date 4/5/35 19

19. UNDERTAKER Leonard J. Leigh
(Address) 1305 Hanford Rd

20. FILED 19 Registrar.

APR 5 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to April 3, 1935

I last saw him alive on April 3, 1935. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset 4, 1, 35

Other contributory causes of importance:

Old age.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ted Parrenmeier, M. D.

(Address) 1893 Hanford Rd.

M. D. B 1268-9

F 11318

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11318

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Dead on arrival at St., 2 Ward) Hopkins Hospital

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frank J. Zakens or Zakies

(a) Residence: No. 235 S. Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wladyslawa

6. DATE OF BIRTH (month, day, year) Apr 14/1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) Mar 30/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Zaken

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances Purulewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife

(Address) 235 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 4 19 35

19. UNDERTAKER F W Ozazewski

(Address) 1930 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 31/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at About 11.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	About 2-3 Day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Mann M. D.
Coroner

(Address) 508 E Monument

M. D. B 1268-9

F 11319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

F 11319

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E. Lee St. St., 22 Ward)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary T. Doyle.

(a) Residence: No. 15 E. Lee St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September 10, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Michael Doyle.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Margaret Mullen.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Patrick L. Doyle. (brother)

(Address) 602 N. Loudon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4/4/35 19..

19. UNDERTAKER John H. Emig Son

(Address) 2215 E. Pratt St.

20. FILED APR 3 1935 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

Signed Wm. Kuttenkeuler Coroner, M. D.

4/3/35 Address 1017 E. Charles St.

11320 **STATE OF MARYLAND—CERTIFICATE OF DEATH** 126 F 11320

1. PLACE OF DEATH

County Baltimore City Md Registration Dist. No.

Village or City Baltimore City Md 35 East Fort Ave St. 23 Ward

If death occurred in a hospital or institution, give its NAME, instead of street and number

Length of residence in city or town where death occurred 20 yrs 10 mos ds How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME Jennie Butts

(a) Residence: No. 35 East Fort Ave St. Ward. Baltimore City

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Butts

DATE OF BIRTH (month, day, and year) June 29 '63

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63. 7	9	3 4	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Duties

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 15

12. BIRTHPLACE (city or town) Jefferson Co
(State or country) West Virginia

13. NAME OF FATHER Lewis H. Caufman

14. BIRTHPLACE (city or town) Lancaster Co.
(State or country) Pa.

15. MAIDEN NAME OF MOTHER Jane Ann Murphy

16. BIRTHPLACE (city or town) Berryville
(State or country) Virginia

17. INFORMANT Edward A. Caufman
(Address) 35 E Fort Ave Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Eddie Hall
Date Apr. 5 1935

19. UNDERTAKER Jno B Bailey
(Address) Brunswick Md.

20. FILED 4-3-1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 2 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to April 2, 1935

I last saw her alive on April 1, 1935; death is said to have occurred on the date stated above, at 8.15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
a Cholelithiasis	
b Cholecystitis	2
c Myocarditis	
d Influenza	

Other Contributory Causes of importance: Cholangitis Adhesions Pancreatitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter Kohn M. D.

(Address) 10 E Fort Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. P. 1268-9

F 11321

F 11321 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. H-2 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., H Ward)

Length of residence in city or town where death occurred • yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Thompson.

(a) Residence: No. 708 Penn alley. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles.

6. DATE OF BIRTH (month, day, year) 2/15/98.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37.		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Ed. Clark

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Katie Clark

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Univ. of Md Date April 3 19 35

19. UNDERTAKER
(Address)

20. FILED APR 3 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/17, 1935 to 3/29, 1935

I last saw h[illegible] alive on 3/29, 1935 Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1/1/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reiter M. D.

(Address) Balto City Hosp.

F 11322

M. D. B. 1268-B

11322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3338 Chestnut Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. O'Connor

(a) Residence: No. 3338 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles J. O'Connor. (Don't know) 1850

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME John Mann.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Irene Leishure
(Address) 3338 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Savage Md. Date April 4 1935

19. UNDERTAKER Walter Davis
(Address) 341 E Lanvale St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28 1934 to April 3rd 1935

I last saw h-- alive on April 3rd 1935 Death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Hypostatic)	4/1/35
Hx Coronary Thrombosis	
Other contributory causes of importance: Senile Weakness	6 days

Name of operation None Date of

What test confirmed diagnosis Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/1 1935

Where did injury occur? In his home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell walking across Room

Nature of injury Fractured Right femur neck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Freeh M. D.

(Address) 2611 Loch Raven Rd.

M. D. B. 1268-9

No Telda 2806 Harrison Blvd Let 64 00

F 11323

1323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 E. 20th St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Notley W. Simpson

(a) Residence: No. 431 E. 20th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

3a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Ida K. Simpson

6. DATE OF BIRTH (month, day, year) April 28th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
84	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman 06 61

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Thomas Simpson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Matilda Dutton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Shacklett D Simpson

(Address) 431 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery

Place Harrisonburg Va Date April 4th 1935

19. UNDERTAKER Wm Cook

(Address) 117 St Paul St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1935 to Apr 2, 1935

I last saw h in alive on Apr. 2, 1935 Death is said to have occurred on the date stated above, at 11-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio vascular Renal Chronic Nephritis	?
Other contributory causes of importance: Uremia	6da

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Luther E. Little M. D.

(Address) 928 N. Charles St.

M. D. B. 12-39

F 11324

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11324

CERTIFICATE OF DEATH

X 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Edwin Redfern

(a) Residence: No. No 1 Clinton Ave St., Rochester N.Y. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Lucy Redfern

6. DATE OF BIRTH (month, day, year) May 2nd 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	58	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law practice

10. Date deceased last worked at this occupation (month and year) March 27, 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Yates N.Y.

FATHER

13. NAME Henry Redfern

14. BIRTHPLACE (city or town) (State or country) Yates, N.Y.

MOTHER

15. MAIDEN NAME Emma Critchfer

16. BIRTHPLACE (City or town) (State or country) Yates N.Y.

17. INFORMANT Miss Lillian Hayman

(Address) No 1 Clinton Ave Rochester N.Y.

18. BURIAL, CREMATION, OR REMOVAL Rochester N.Y.

Place Rochester N.Y. Date April 4, 1935

19. UNDERTAKER Stevenson & Mumbo

(Address) 158 W Ninth St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1935 to ~~April~~ April 3, 1935

I last saw him alive on April 3, 1935 Death is said to have occurred on the date stated above, at 9.27 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Duodenal Ulcer	3-28-35
Acute Dilatation of Heart	4-3-35
Other contributory causes of importance: Aortic Stenosis	Late

Name of operation None Date of ?

What test confirmed diagnosis? ? Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did Injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, state how

(Signed) H. E. Proctor M D M. D.

(Address) Md Gen Hospital

M. D. B. 1268-9

F 11325

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11325

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1225 E. North Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fitzhugh E. Woodward

(a) Residence: No. 1225 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel S.

7. DATE OF BIRTH (month, day, year) Feb 15/1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	17/6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. 003

10. Date deceased last worked at this occupation (month and year) Mar21/35

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Stafford. Va.

13. NAME Geo. W. Woodward

14. BIRTHPLACE (city or town) (State or country) Stafford. Va

15. MAIDEN NAME Lucy Ann Bent

16. BIRTHPLACE (city or town) (State or country) Stafford. Va.

17. INFORMANT (Address) Mrs. Alice L. McGregor Colonial Hotel. York. Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Dunbridge Date 4/4 1935

19. UNDERTAKER (Address) Wm Hook 1217 E Cold Spring Ln

20. FILED 19 Registrar

4-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicemia due to infection of left forearm	
Cause of infection undetermined	7 days

Other contributory causes of importance:

History given of Diabetes Mellitis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Cater Coroner, M. D.

(Address) 106 Foucher

F 11326

M. D. R. 1934 F 11326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Southern Ave. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Kramer

(a) Residence: No. 3307 Southern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~Husband of~~ (or) WIFE of: Rudolph Kramer

6. DATE OF BIRTH (month, day, year): Dec 21st 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Switzerland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER

15. MAIDEN NAME: Elizabeth Hauser

16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT: Rudolph Kramer

(Address) 3307 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: Apr 4th 1935

19. UNDERTAKER: Wm Cook

(Address) 217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21st 1935 to April 2nd 1935

I last saw her alive on April 2nd 1935 Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

Exhaustion from Toxaemia

Date of onset

Other contributory causes of importance:

Carcinoma of Gall Bladder and Liver

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Lewis M. D.

(Address) 4/2/35

M. D. B. F 11327 F 11327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Carrington
(a) Residence: No. 219 W. Biddle St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newberry S.C.

FATHER

13. NAME Wade Carrington
14. BIRTHPLACE (city or town) (State or country) Newberry S.C.

MOTHER

15. MAIDEN NAME Bessie Williams
16. BIRTHPLACE (city or town) (State or country) Newberry S.C.

17. INFORMANT Wade Carrington Father
(Address) 219 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem Date 4-4-35 19

19. UNDERTAKER Robert E. Williams
(Address) 13-15 McElderry St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1 19 35

22. I HEREBY CERTIFY, That I attended deceased from 3/26 19 35 to 4/1 19 35
I last saw him alive on 4/1 19 35 Death is said to have occurred on the date stated above, at 9 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	11 day.

Other contributory causes of importance:

Name of operation Date of No.
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp.

M. D. P. 1268-9

F 11328

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11328

CERTIFICATE OF DEATH

✓ 46-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 Linden Ave St., 13 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Landauer

(a) Residence: No. 2125 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME James Landauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophie Mela

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. Landauer
(Address) 2125 Linden Ave.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Balto. Hebrew Cem. Date Apr. 4, 1935

19. UNDERTAKER David Lendheim & Son
(Address) 1902 Eutaw Place.

20. FILED 4-1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to April 2 1935
I last saw h[illegible] alive on April 2 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Caecum	
Hepatic Metastasis	

Other contributory causes of importance:

Senile	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wallace Bacher, M. D.
(Address) 1115 St. Paul St.

M. D. F. 1938-9 **F 11329**

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11329

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 16 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Burke.

(a) Residence: No. 814 Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Aug. ? 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dred, Md.

FATHER

13. NAME ? Norman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Mueller.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Harry Stickell Niece (Address) 308 S. Mount St.

18. BURIAL, CREMATORY, OR REMOVAL Place Woodlawn Cem. Date 4/4/35

19. UNDERTAKER Harry T. Wilgus R.D. (Address) 410 Edmondson Ave. City

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/30 1935 to 4/1 1935

I last saw h— alive on 4/1 1935 Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. F. 12

F 11330

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11330

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. John E. Silver

(a) Residence: No. 5912 Brackenridge St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a. If married, widowed, or divorced HUSBAND of [redacted] Mrs. Rose Silver.

6. DATE OF BIRTH (month, day, year) Aug. 25, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre-de-Grace Maryland

MOTHER FATHER

13. NAME William Silver.

14. BIRTHPLACE (city or town) (State or country) Havre-de-Grace Maryland.

15. MAIDEN NAME — Osborn.

16. BIRTHPLACE (city or town) (State or country) Unknown Maryland.

17. INFORMANT Miss. Silver (Daughter)

(Address) 5912 Brackenridge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Darlington, Md. Date 4/5/35 19

19. UNDERTAKER Harry H. Wilgis

(Address) 4101 Edmondson Ave

20. FILED — — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13 1935 to April 2 1935

I last saw him alive on April 1 1935. Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	3/2/35
Pneumonia, Broncho	3/2/35
Other contributory causes of importance:	
Pulmonary Embolism	4/3/35

Name of operation Thoracotomy, R. Date of 3/28/35

What test confirmed diagnosis? Clinical Lab. Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley J. Katz M. D.

(Address) Church Home & Inf.

M. D. F. 1268-A F 11331 F 11331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., M Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vander McClain
(a) Residence: No. 1032 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER FATHER
13. NAME Arthur McCrea
14. BIRTHPLACE (city or town) (State or country) S.C
15. MAIDEN NAME Pauline McClain
16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date April 4 1935

19. UNDERTAKER Mrs. S. B. Elliott and Daughter
(Address) 1129 N. Caroline St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1935, to March 31, 1935
I last saw him alive on March 31, 1935 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Tuberculosis	Dec. 1932
2. Generalized Amyloidosis	Unknown

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Myer M. Jacobson M. D.
(Address) Balto City Hospital

F 11332

F 11332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-9

Registered No. .....

1. PLACE OF DEATH: Tracks of W.Md.R.R.Co. Texas Oil Co.
CITY OF BALTIMORE: (No.) Wagner's Point. St., 25 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Frank H.Miller.

(a) Residence: No. 2035 Annapolis Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (WIFE of) XXXXXXXXX: Mattie Miller.

7. DATE OF BIRTH (month, day, and year): October 20, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Yard Conductor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W.Md.R.R.Co.

10. Date deceased last worked at this occupation (month and year): 4/2/35

11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (city or town) (State or country): Middlesex Co.Va.

13. NAME OF FATHER: Henry J.Miller.

14. BIRTHPLACE (city or town) (State or country): Middlesex Co.Va.

15. MAIDEN NAME OF MOTHER: Mary M.Slaughter.

16. BIRTHPLACE (city or town) (State or country): Middlesex Co.Va.

17. INFORMANT: Mattie Miller.(wife)
(Address) 2035 Annapolis Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudn. Park. Date 4/5/35 19

19. UNDERTAKER: Smith & Son
(Address) 1600 E. Balto.

20. FILED 4 - 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 2, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Crushed about the head and chest. Struck and run over by train of W.Md.R.R.Co.
Accidental Death.

Date of onset .....

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/2/35. 19

Where did injury occur? Wagner's Point.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury Run over by train.

Nature of injury Crushed head and chest.

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D. Coroner

4/3/35 Address) 1017 E. Charles St.

H. D. B 1265 F 11333

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11333

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna E Wilson

(a) Residence: No. 2100 Dukeland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander P Wilson

DATE OF BIRTH (month, day, year) April 16 1901

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Peter Hoffman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Caroline Short

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Peter Hoffman
(Address) 2100 Dukeland

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/6/35 19

19. UNDERTAKER Gaith & Dattera
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E Hergand M. D.
Coroner

(Address) 1305 N Collington Ave

M. D. B. 126

F 11334

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11334

CERTIFICATE OF DEATH

108

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lloyd C. Plitt.

(a) Residence: No. 2528 Robb St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 11, 1910

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	24	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector & Solisiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Magazine Business.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 007

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Plitt.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary I. Baublitz.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Sophie Obershain. (sister)
(Address) 1124 Grace St. Richmond, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date 4/5/35 19

19. UNDERTAKER N. J. Feldman & Son
(Address) North & Pennsylvania Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.30 a. m.

The principal cause of death and related causes of importance were as follows: Lobar pneumonia,

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Steinhaus M. D.
Coroner

4/3/35 (Address) 1017 N. Charles St.

M. D. B. 1268-9

11335

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11335

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 W. Lafayette ave. 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Edwards Short

(a) Residence: No. 702 W. Lafayette Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. [illegible] | 4. Color or Race: Female | Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edw. Short

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George W. Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Francis Diggs

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Agnes Saunders

(Address) 702 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Ind Auburn Date 4-6- 1935

19. UNDERTAKER George T. A. Gibson

(Address) 1735 Druid Hill Ave

20. FILED APR 4 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2- 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-5- 1935 to 4-2- 1935

I last saw her alive on 4-1- 1935 Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvulitis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno H Cargill, M. D.

(Address) 611 N. Carey

M. D. P. 4268-9

11336 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11336

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5016 Palmer Ave St., 27 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne L. Patterson

(a) Residence: No. 5016 Palmer Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David M. Patterson

6. DATE OF BIRTH (month, day, year) March 22, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward Patterson
(Address) 7836 Pikesville Road

18. BURIAL, CREMATION, OR REMOVAL
Lorraine
Date April 5, 1935

19. UNDERTAKER Thanhauser & Son
(Address) 3615-17 Eastern Ave

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 31, 1935 to Apr 2, 1935

I last saw her alive on Apr 2, 1935 Death is said to have occurred on the date stated above, at 7 48 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia,	Mch 30
Other contributory causes of importance:	
Diabetes,	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Charles J. Wells, M. D.

(Address) 5216 Park Heights Ave

M. D. P. 1268-9

1337 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 11337

CERTIFICATE OF DEATH ✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 S. Decker St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael James Sliwinski

(a) Residence: No. 1253 S Decker Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Sliwinski

6. DATE OF BIRTH (month, day, year) Sept. 29" 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair man. 0 08 to

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Tank Car Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frank Sliwinski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Martha Starska

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Agnes Sliwinski

(Address) 1253 S. Decker Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date April 6. 1935

19. UNDERTAKER Stephen J. Fialkowski Inc

(Address) 1000 S. Kenwood Ave

20. FILED APR 4 - 1935, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to April 2, 1935

I last saw h m alive on April 2, 1935 Death is said to have occurred on the date stated above, at 1 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Coma	

Other contributory causes of importance:

Gonorrhea

Name of operation none Date of

What test confirmed diagnosis Clinical there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. Leyko, M. D.

(Address) 1321 Eastern Ave.

F 11338

M. D. B. 1268-P

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11338

CERTIFICATE OF DEATH

✓ 46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 S. Ballas St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Zwiatkowski

(a) Residence: No. 414 S. Ballas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catharine Zwiatkowski

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 80	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Joseph Zwiatkowski

(Address) 414 S. Ballas St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 4/6 1935

19. UNDERTAKER William J. Gaughan

(Address) 1618 Eastern Ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30 1935 to April 2 1935

I last saw him alive on April 1 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of Rectum	?
Chr. Myocarditis	

Other contributory causes of importance:

Acute Myocardial Insuff.	48 hrs.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emil Lewy M. D.

(Address) 2007 E. Baltimore

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11339

F 11339

CERTIFICATE OF DEATH

92-a

REGISTERED NO. 15

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Presstman ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Fannie Temple

(a) RESIDENCE NO. 1702 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	85	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None Retired

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) Va
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Va

14 Informant Rosa Jones
(Address) 1702 Presstman St.

15 Filed APR 4 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-3-35

17 I HEREBY CERTIFY, That I attended deceased from Feb 2nd, 1935, to April 3rd, 1935, that I last saw h[illegible] alive on April 1st, 1935 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

Broncho Pneumonia, (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas. Carlyon, M. D.

19 (Address) 1433 Appleton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

20 UNDERTAKER Thomas E. Kelson

DATE OF BURIAL 4/5/1935

ADDRESS 1303 Presstman St.

M. D. P. 1268-9

F 11340

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11340

CERTIFICATE OF DEATH

34-931

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Rakes

(a) Residence: No. 626 Smithson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy

6. DATE OF BIRTH (month, day, year) 2/14/81

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .....min.
	54.	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trappe, Md.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Delia Young

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bch.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/4/ 1935

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Pennsylvania Ave

20. FILED 4-4 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/16, 1935 to 4/2, 1935.

I last saw him alive on 4/2, 1935 Death is said to have occurred on the date stated above, at 3 45/100 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	15 mo.
	year

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. F 1268-9

11341 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-12-86-E 11341

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Cohen

(a) Residence: No. 2806 Hilldale Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Yetta Cohen

6. DATE OF BIRTH (month, day, year) Sept. 15-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Dr. J. Cohen 221 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Cemetery Date 4-4- 1935

19. UNDERTAKER (Address) Jack Lewis Inc 1431 E Balto St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 1.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock due to multiple injuries.	Apr. 3 1935.
Other contributory causes of importance:	
Accident	Apr. 3.

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-3 1935

Where did injury occur? 1817 W. Fayette St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In industry

Manner of injury Fell off roof.

Nature of injury Multiple injuries.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Harold L. Hahn M. D.
Coroner

(Address) 16 South Broadway

F. D. 11342

HEALTH DEPARTMENT—CITY OF BALTIMORE 11342

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3906 Harrison Blvd (St.) 15 (Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Benjamin Cohen

(a) Residence: No. 3906 Harrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ops

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Max Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Cohen - Son
(Address) 3657 Pk. Heights

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 4/4/35

19. UNDERTAKER Jack Levin Sons
(Address) 1434 E. Balto St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1925 to April 2. 1935
I last saw him alive on April 3 - 1935 Death is said to have occurred on the date stated above, at 10½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	Chronic
Chronic myocarditis	

Other contributory causes of importance:

Acute cardiac dilatation	4/3/35

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) M. H. Cumming M. D.

(Address) 2310 Eutaw Place

M. H. F. 11343 F

✓ F 11343

HEALTH DEPARTMENT—CITY OF BALTIMORE

296066

47-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 4 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Shaw. (Elmer Carroll Shaw)

(a) Residence: No. 410 N. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bettie Virginia Shaw

6. DATE OF BIRTH (month, day, year) 12/19/76

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard 0062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Guard. Savings Bank of Balto.

10. Date deceased last worked at this occupation (month and year) January 1935

11. Total time (years) spent in this occupation 9 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Shaw

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma Rae

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 6, 1935

19. UNDERTAKER Joseph H. Koob
(Address) 1000 E. Baltimore St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1935 to April 2, 1935

I last saw him alive on April 2, 1935 Death is said to have occurred on the date stated above, at 6.35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, lung, rt	1934

Other contributory causes of importance:

None

Name of operation Thoracotomy Date of April 2

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D. Wallace, M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1919 F 11344

F 11344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Monsignor John Neale

(a) Residence: No. Meriden Conn St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 6/26/64

7. AGE: Years 70; Months 9; Days 9; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Conn—

FATHER

13. NAME: Patrick Neale

14. BIRTHPLACE (city or town) (State or country): Ire—

MOTHER

15. MAIDEN NAME: Eliz. Connolly

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Records—

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Meriden Conn 4/4/35

19. UNDERTAKER: Bernard C Harder

(Address) 100 S Paca St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935 to April 4, 1935

I last saw him alive on April 4, 1935. Death is said to have occurred on the date stated above, at 6 07 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis ~~& nephritis~~	several yrs
~~Changes in prost~~ —	
Circulatory collapse (Heart failure) & terminal Bronchopneumonia	Mar 25 '35 April 2 '35
over	

Other contributory causes of importance:

Malnutrition	several yrs.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morgan Cutts, M. D.

(Address) Johns Hopkins Hosp

M. D. P. 1269-0

✓ F 11345

11345

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton + Wilkens Ave Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Patrick E Collins

(a) Residence: No. 2120 N. Baltimore St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Bank.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Patrick J. Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Coffay

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna C. Waldron

(Address) 2120 N. Balto St.

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery Date April 8, 1935

Signature of Undertaker

19. UNDERTAKER Chas. B. Raine & Son

(Address) 1128 W. Mt. Royal Ave

20. FILED April 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-31-35, 19 . to 4-4, 1935

I last saw him alive on 4-4 1935 Death is said to have occurred on the date stated above, at 1250 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Generalized Arteriosclerosis	
Chronic Nephritis	
Other contributory causes of importance:	
Congestive Heart Failure	3-20-35

Name of operation none Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John F. Healy, M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

F 11346

11346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 Moore st., St., 11 Ward)

Length of residence in city or town where death occurred yrs. 15 mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Wright.

(a) Residence: No. 438 Moore st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie Wright

6. DATE OF BIRTH (month, day, year) 1895 ? ?

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	40.	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va..

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bessie Wright
(Address) 438 Moore st.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date April 4 1935

19. UNDERTAKER Mrs Katy R. Williams
(Address) 372 [illegible] Huntington Ave.

20. FILED April 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30th, 1935 to April 1st. 1935

I last saw him alive on April 1st 1935 Death is said to have occurred on the date stated above, at 11.15 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis Acct.	March 30th 1935
Other contributory causes of importance: Ruptured appendex ?	March 30th 193

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin St.

M. D. F. 1268-9 F 11347 ✓ F 11347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH United States Marine Hospital, 76-10
CITY OF BALTIMORE: (No. Baltimore, Maryland. St. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Michael

(a) Residence: No. 14 South East Ave., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Frieda Mortreth Michael

6. DATE OF BIRTH (month, day, year) May 20, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bus Transportation

10. Date deceased last worked at this occupation (month and year) 11-29-34

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Aberdeen Md.

FATHER

13. NAME James M. Michael

14. BIRTHPLACE (city or town) (State or country) Aberdeen, Md.

MOTHER

15. MAIDEN NAME Amanda Shirling

16. BIRTHPLACE (city or town) (State or country) Aberdeen, Md.

17. INFORMANT U.S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Spesutia Church Cem. Perryman Md.
Place Date April 5, 1935

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2334 Jefferson St.

20. FILED April 6, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1935 to April 2, 1935
I last saw him alive on April 2, 1935 Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno carcinoma of stomach	unk.
Carcinoma, peritoneal	unk.
Radiculitis, cause - metastatic carcinoma lumbar and sacral roots	12-1934
Carcinoma of liver	unk.

Other contributory causes of importance:
none

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) C. S. Green, M. D.
(Address)

M. D. B. 1268-9

✓ F 11348

11348 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2017 E Lombard St (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Fluster

(a) Residence: No. 2017 E Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Frank Fluster

6. DATE OF BIRTH (month, day, year): March 30 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Lancrations Gruenwald

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Conrad Backert 2017 E Lombard St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Apr. 6 1935

19. UNDERTAKER: Martin W.E. Diffel

(Address) 37 S Linn St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 3 1935

I last saw her alive on April 2 1935 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 d
Bronchopneumonia	2 d
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Chronic interstitial nephritis	1 yr

Name of operation: None Date of

What test confirmed diagnosis? Usual V. Sig. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos. F. Stevens M. D.

(Address) 2878 Hargrove Rd

M. D. B. 1268-9

11349 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11349

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Tosyh Santoni

(a) Residence: No. 306 - South High St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa L Santoni

6. DATE OF BIRTH (month, day, year) Sept 26 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50 49	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Damiano Santoni

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Paolina

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Daniel Santoni

(Address) 306 S. High St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 6 1935

19. UNDERTAKER Frank V. Petrone

(Address) 218 E. Baltimore St.

APR 4 - 1935

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/27/35 1935 to 4/2/35 19.....

I last saw him alive on 4/2 1935. Death is said to have occurred on the date stated above, at 4:50 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Appendical abscess.

Other contributory causes of importance:

Bronchio Pneumonia,
Chronic Non Valvular Heart Disease
Complicating Illness.

Name of operation Drainage of Appendix abscess Date of 3/27/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Macmillan M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. P. 1268-9

11350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 11350

108

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kirkland (Kirkley)

(a) Residence: No. 805 N Eden St., A Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-5-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Kirkland

14. BIRTHPLACE (city or town) (State or country) S Carolina

MOTHER

15. MAIDEN NAME Dora Stewart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn cemetery Date Apr 1 '35

19. UNDERTAKER Edw Bryan 1631 Orleans st
(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1935 to March 31, 1935.

I last saw him alive on March 31, 1935 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3-20-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 11351

11351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3 Ward)

Length of residence in city or town where death occurred 26 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Thomas

(a) Residence: No. 915 Wilson St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jonus Thomas

6. DATE OF BIRTH (month, day, year): 1889

7. AGE: Years 45 | Months 7 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cotton mill (sweeper)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Tom Barnes

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Celia Bell

16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — Place Mt Zion Date 4/5 1935

19. UNDERTAKER: Elroy O Wilson (Address) 1001 Broadway

20. FILED 4-6-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5 1935

22. I HEREBY CERTIFY, That I attended deceased from March 28 19 35 to April 5 1935

I last saw her alive on April 1 1935. Death is said to have occurred on the date stated above, 8:45 a m

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance: Broncho-pneumonia — 3-30-35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A Tate M. D.

(Address)

M. D. B. 1268-9

✓ F 11352

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11352

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 E Lombard St., 76 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Miller

(a) Residence: No. 3601 E Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G Miller

6. DATE OF BIRTH (month, day, year) Apr 19-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Miller

(Address) 3601 E Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 5 1935

19. UNDERTAKER John Allen

(Address) 2108 Aisquith

20. FILED R4- 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1/35 19 to 4/2/35 19

I last saw her alive on 4/1/35 19 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	6 mo
Cancer Rectum	3 mo

Other contributory causes of importance;

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Herrman M. D.

(Address) 2913 E Baltimore St

M. D. R. 1268-9

1353

F-11353

11358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hosp St., 12 Ward)

Length of residence in city or town where death occurred 88 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Virginia Adreon

(a) Residence: No. 24 Park Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Tell Adreon

6. DATE OF BIRTH (month, day, year): May 22 1846

7. AGE: Years: 88; Months: 10; Days: 11; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Edw. James Ballard

14. BIRTHPLACE (city or town) (State or country): Somerset Co. Md.

MOTHER

15. MAIDEN NAME: Eliza Ann Smith

16. BIRTHPLACE (city or town) (State or country): Alexandria Va.

17. INFORMANT: Mr. Jos. Edw. Ballard
(Address) Homewood Apt.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 5 1935

19. UNDERTAKER: Wm Fletcher Rowe
(Address) North & Reeves

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 1924, to April 3, 1935.

I last saw her alive on April 3, 1935. Death is said to have occurred on the date stated above, at 8.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro sclerosis	1924
Chronic Interstitial Nephritis	1924

Other contributory causes of importance:

Cerebral Hemorrhage	1935

Name of operation none Date of ✓

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury no injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) John S. Rinehart, M. D.

(Address) 125 E. 25th St.

Cor.—10-10-29—A Co.—100 Bks.

F 11354

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11354

94-B

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead

City of Baltimore: (No. Mercy Hospital St., 15 Ward)

2-FULL NAME John. C. Wilhelm.

(a) RESIDENCE NO. 3823 Sequoia Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 7 1883

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
52.	1	16 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Balto Md.

PARENTS

10 NAME OF FATHER Louis. R. Wilhelm

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Catherine Graf.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md.

14 Informant Mrs. Earl. H. Anfauss.
(Address) 3823 Sequoia Ave

15 Filed [illegible] 1935 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Sudden

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Coronary Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Hanlon M. D.

4. 3. 1935 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Arriden(al, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 4-5 1935

20 UNDERTAKER: Mrs Chas A G Rohde — ADDRESS: 2327 Edmondson Ave

Important. See instructions on back of certificate.

M. D. B 1268-9

F 11355

1355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Marley

(a) Residence: No. 1202 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George W. Marley

14. BIRTHPLACE (city or town) (State or country) Reisterstown Maryland

MOTHER

15. MAIDEN NAME Sarah J. Stewart

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Naomi V. Smoot
(Address) 608 Wyanoak Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date April 6 19 35

19. UNDERTAKER Charles L. Koontz
(Address) 1007 W. Baltimore St.

20. FILED ..... 19 ..... Registrar

F-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Accidental Fract. of L Femur	

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 3/25 1935

Where did injury occur? Balto & Fremont
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on Pavement

Nature of injury Fract L Femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B. Pikesville M. D.

(Address) 1305 N. Patterson Park Ave.

M. D. P. 1368-9

F 11356

11356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Huber

(a) Residence: No. 309 S. Pulaski St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 4-9-18

7. AGE: Years 16; Months 11; Days 24 23; If LESS than 1 day... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nadeau Michigan

MOTHER FATHER

13. NAME: Martin Hafer

14. BIRTHPLACE (city or town) (State or country): Balto md

15. MAIDEN NAME: Bessie H. Hibbits

16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT: Martin Hafer

(Address) 309 S Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/5/35 19

19. UNDERTAKER H. C. Fanning & Son

(Address) 1136 Poplar Grove

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-35 19

22. I HEREBY CERTIFY, That I attended deceased from 3-25-35 19 to 4-2-35 19

I last saw him alive on 4-2-35 19. Death is said to have occurred on the date stated above, at 11 55 a.m./p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis (Type)	

Other contributory causes of importance:

Name of operation ... Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hosp

M. D. F 11357

F 11357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pauline Cocoros

(a) Residence: No. 2563 Robb St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28/35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XXXXXXXX None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James C. Cocoros

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Maria Calkane

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT James C. Cocoros

(Address) 2563 Robb St

18. BURIAL, CREMATION OR REMOVAL

Place Woodlawn Cem Date Apr 6, 1935

19. UNDERTAKER Geo Lalilling & Sons

(Address) Augusta & Woodmont Ave

20. FILED Apr 6 1935

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

F 11358

M. D. 1-1-1-1

F 11358

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Malachi Parks.

(a) Residence: No. 2631 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Parks

6. DATE OF BIRTH (month, day, year) 7/7/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bricklayer

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George William Park

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Stevenson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Records Bd H. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Apr. 6th 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1935 to 4/3 1935

I last saw him alive on 4/3 1935. Death is said to have occurred on the date stated above, at 4 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	20 days
	22

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. S. 1968-2

F 11359

F 11359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Braxton

(a) Residence: No. 2053 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eleanora Braxton

6. DATE OF BIRTH (month, day, year): Aug 24-1887

7. AGE: Years 48 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Jas Braxton

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Miller

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Eleanora Braxton

(Address) 2053 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Lottsburg Va Date 4/6 35, 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman St.

20. FILED , 19 Registrar.

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

that I saw h alive on April, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Fractured Skull	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Apr 2, 1935

Where did injury occur? Division & Biddle (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell on back of head.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. O'Leary M. D. Coroner

(Address)

Spec—1 30—M. & T.—250 Bks.

F 11360

F 11360

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 108

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 N. Bruce ST., 15 WARD)

2-FULL NAME Alberta J. Botts.

(a) RESIDENCE NO. 1312 N. Bruce ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of John E. Botts

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cook

(b) General nature of industry, business, or establishment in which employed (or employer) Private

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) ? (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ? (State or country)

14 Informant John E. Botts
(Address) 1312 Bruce St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3rd 1935

17 I HEREBY CERTIFY, That I attended deceased from March 30th, 1935, to April 3rd, 1935, that I last saw her alive on April 3rd, 1935, and that death occurred, on the date stated above, at 7-30 A.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Weed

(Signed) H. L. Hammett M. D.

Apr 3. 1935 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

20 UNDERTAKER Thomas E. Nelson 4/7/35

DATE OF BURIAL 4/7 1935

ADDRESS 1603 Presstman St

M. D. B. 1269-9 F 11361

HEALTH DEPARTMENT—CITY OF BALTIMORE F 11361

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 N. Fulton St. 20 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Utah Brown

(a) Residence: No. 204 N. Fulton Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Charles Brown

6. DATE OF BIRTH (month, day, year): Sept 25-1854

7. AGE: Years 80 83; Months 6; Days 9; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Bunting

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Sidney Fuller

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Mrs. H. H. Brown 6412 Ridgewood Ave. Govt Place

18. BURIAL, CREMATION, OR REMOVAL: New Cathedral Date Apl. 5 1935

Place

19. UNDERTAKER (Address): Wm. J. McHugh Sons North & Fulton Aves.

20. FILED 1935 19 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apl. 3 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27 1935 to April 3 1935

I last saw her alive on April 2 1935. Death is said to have occurred on the date stated above, at 3 to 1 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4/1/35

Other contributory causes of importance: Arterio Sclerosis — Duration

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. O'Neill M. D.

(Address) 105 N. Fulton Ave

M. D. P. 1933-9

F 11362

F 11362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Druid Hill Ave St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. T. Smith

(a) Residence: No. 2304 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Smith

6. DATE OF BIRTH (month, day, year) Feb 16 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alice Bateman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Emma Smith

(Address) 2304 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 5th 1935

19. UNDERTAKER Mr. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1935 to April 2 1935

I last saw him alive on April 1 1935 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 6 years

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. C. Pelton M. D.

(Address) 61 Washington Ave

M. D. B. 1268-9

F 11363

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11363

CERTIFICATE OF DEATH 12354

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city, town, where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Davis

(a) Residence: No. 505 Somerset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 30, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Charles Davis

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Maggie Briscol

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 4-5 1935

19. UNDERTAKER Bryson & Mamie Dr. Wright
(Address) 1218 McElderry St.

20. FILED 5 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17 1935 to March 30 1935

I last saw him alive on March 30 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstruction Intestinal	?
Acute - Peritoneal	

Other contributory causes of importance:

Abscess, lung	?
Broncho-Pneumonia	?

Name of operation Exp. Laparotomy Date of 3/28/35

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel Hoffman M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9 F 11364 F 11364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N. Gilmor St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Ainsley Hall

(a) Residence: No. 507 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm Carey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ruth Carter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ruth Carter
(Address) 507 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia Pk. Date April 6. 1935

19. UNDERTAKER Chas. W. Flood & Son
(Address) 638 N. Gilmor

20. FILED APR 6 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1934 to Apr. 4, 1935

I last saw her alive on Apr. 4, 1935. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) C. H. Pigott M. D.

(Address) 1536 N. Lanvale St

M. D. B. 12-9 F 11365 Leon M. Arzt F 11365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Baltimore City Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leon M. Arzt

(a) Residence: No. 3620 Oakmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-17-09

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 666

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Hubert Arzt

14. BIRTHPLACE (city or town) (State or country) Phila. Pennsylvania

MOTHER

15. MAIDEN NAME Rose Wolf

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of (Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Meb. Friendship Date 4-7- 1936

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/36

22. I HEREBY CERTIFY, That I attended deceased from 6/22/36 to 4/4/36
I last saw him alive on 4/4/36 Death is said to have occurred on the date stated above, at 3:05 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	
Rheumatic Cardio Vascular Disease	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Mary [illegible] M. D.

(Address) Baltimore City Hospital

M. D. P. 12-6-0 F 11366

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11366

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Clifton Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs 6 mos 6 ds. How long in U. S. if of foreign birth? 61 yrs 6 mos 6 ds.

2. FULL NAME Charles Bernard Mann Jr.

(a) Residence: No. 3017 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Leitch Mann

6. DATE OF BIRTH (month, day, year): Sept 28-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Patent Atty.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Patents

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER

13. NAME: Charles B Mann

14. BIRTHPLACE (city or town) (State or country): Bantaville Ohio

MOTHER

15. MAIDEN NAME: Emma Catherine Eader

16. BIRTHPLACE (city or town) (State or country): Frederick md.

17. INFORMANT (Address): Mrs Mary S. Mann (wife) 3017 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Pk Date Apr 6 35

19. UNDERTAKER (Address): Stewart & Morris 108 Mosher Ave.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1934, to Apr 3, 1935

I last saw him alive on Apr 3, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of lungs	
Acute Heart Failure	Sudden
(Myocardial)	
Several previous	
attacks 5 mos. ago.	

Other contributory causes of importance: Hypertension

Name of operation: Date of: 0

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G A Dodds, M. D.

(Address) 101 W. Read St.

M. D. P. 1268-A F 11367 F 11367

29740 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ V 53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7- Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lothain T. Hays

(a) Residence: No. 3217 Euclid Ave St., Ward. Dallas-Texas
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Thelma

6. DATE OF BIRTH (month, day, year) Jan 11 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil 1009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME James Hays

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Josephine Tupin

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Dallas Texas Date April 7 1935

19. UNDERTAKER Chas L. Black

(Address) 742 N. Ervay Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from March 28 1935 to April 4 1935

I last saw him alive on April 4 1935 Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	1931

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 3/29/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

F 11368

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11368

CERTIFICATE OF DEATH

✓ 210-M

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Josephs Hospital St., 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle E Beck

(a) Residence: No. 1527 N. Washington St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan. 2, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm Beck

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary C. Bendita

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Vernon Beck (brother)
(Address) 1527 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date April 6 1935

19. UNDERTAKER Henry Lutz
(Address) 1203 N. Broadway

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..
I last saw him alive on ..... 19.. Death is said to have occurred on the date stated above, at 1.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/3 1935
Where did injury occur? Hartford Rd & 32nd St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while walking across Street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓

(Signed) Jos. Paterno Coroner M. D.
(Address) 2202 E Washington St

F 11369

M. D. P. No. F 11369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH Maryland General Hosp. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 28 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Ernest J. McNutt

(a) Residence: No. 435 Fernhill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Katie G. McNutt

6. DATE OF BIRTH (month, day, year) April 19-1872

7. AGE: Years 62 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Polytechnic 0068
10. Date deceased last worked at this occupation (month and year) 3-1935 | 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Darlington Md

FATHER
13. NAME Jamie J McNutt
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Martha Scarbrough
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Darlington Date April 6 1935

19. UNDERTAKER Chas E. Franck
(Address) 502 Madison Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 1935 to April 4 1935
I last saw him alive on Apr. 4 1935 Death is said to have occurred on the date stated above, at 8 00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	metastasis
acute cardiac dilatation	4-4-35

Other contributory causes of importance:

Name of operation Excision of tumor Date of 4-1-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Proctor MD M. D.

(Address) Med Gen Hospital

M. D. B 1268-9

F 11370 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11370

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 George St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. .mos. .ds. How long in U. S. If of foreign birth? .yrs. .mos. .ds.

2. FULL NAME Mary E. Johnson

(a) Residence: No. 740 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Johnson

6. DATE OF BIRTH (month, day, year) 1881 - May 6

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Unknown Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Richard Johnson

(Address) 740 George

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date 5/6 1935

19. UNDERTAKER Walter B. Speight

(Address) 13 S. Williams St.

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Dick Coroner, M. D.
Coroner

(Address) Coroner

Spec. 8-1929 [illegible]

F 11371

F 11371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

~82-a

1—PLACE OF DEATH

REGISTERED NO. [illegible]

CITY OF BALTIMORE: (No. 305 n Fremont av ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lillabelle Hughes

(a) RESIDENCE NO. 305 n Fremont av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Hughes

6 DATE OF BIRTH (month, day, and year) April 1, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41		3 ~	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 1037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Jeremiah S Lafford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Hester Dutton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Wm Hughes

(Address) 305 n Fremont av

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 3/35

17 I HEREBY CERTIFY, That I attended deceased from Mch 21, 1935, to April 3, 1935, that I last saw h[illegible] alive on April 3, 1935 and that death occurred, on the date stated above, at 3 10 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard, M. D.

4/4, 1935 (Address) 2029 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery

DATE OF BURIAL 5/6 1935

20 UNDERTAKER Walter B. Spiggs

ADDRESS 1[illegible] W. Hoffman St.

M. D. P. 1768-9

F 11372

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11372

CERTIFICATE OF DEATH

√ 122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1205 N. Patterson Park Ave (Ward) 5

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Barbara Miller

(a) Residence: No. 1205 N. Patterson PK Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) ~~HUSBAND~~ WIFE of August Miller

6. DATE OF BIRTH (month, day, year) May 1st 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Hoffmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine V.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Miller
(Address) 1205 N. Patterson PK Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 6th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

[illegible] 19 [illegible]
Registrar

APR 5 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 3 1935

I last saw her alive on April 3 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4/1/35
Fibroid Tumor of Uterus	1925
Other contributory causes of importance:	
Chronic Myocarditis	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Allen E. Singenwald M. D.

(Address) 1613 E. Monument Ave

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1373 — 11373

CERTIFICATE OF DEATH

Registered No. 165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Harman Ave St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herman Anaecker

(a) Residence: No. 1710 Harman Ave St., Ward Morrell Park
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of ~~WIFE~~ of Charlotte Anaecker

6. DATE OF BIRTH (month, day, year) Oct 4th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Schmidt's Bakery

10. Date deceased last worked at this occupation (month, year) 1910

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Charlotte Niedermeyer
(Address) 1710 Harman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Apr 5th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ~~APR 5 1935~~ 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	Apr 2-35

Other contributory causes of importance:

Suicide Hanging	Apr 2-35

Name of operation Hanging Date of

What test confirmed diagnosis? C.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury Apr 2 1935

Where did injury occur? Brett Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home 1710 Harman Ave

Manner of injury Hanging

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Broadway

M. D. P. 1268-9

F 11374

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11374

CERTIFICATE OF DEATH

✓ 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Stevens.

(a) Residence: No. 723 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie.

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Docks

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records Bur. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 5, 1935

19. UNDERTAKER Mrs. Nettie R. Williams (Address) 2[illegible] Pennington Ave.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/30, 1935 to 4/1, 1935

I last saw him alive on 4/1, 1935. Death is said to have occurred on the date stated above, at 12[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Hypertensive heart disease	5 mo
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 11375

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11375

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Savage (Chandler)

(a) Residence: No. 1812 Laurens St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/4/25

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Paul Savage

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Addie Miles

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 5 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lanvale St.

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1935 to April 2, 1935

I last saw h-r alive on April 2, 1935 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive cerebral degeneration (Sheldon's disease)	3-18-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frances D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 11376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11376

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1149 ~~1116~~ N. Stricker st St., 16 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Holt

(a) Residence: No. 1149 ~~1116~~ N. Stricker st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	14	5 7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Holt

14. BIRTHPLACE (city or town) (State or country) Northumbland Co. Va.

MOTHER

15. MAIDEN NAME Nellie Trower

16. BIRTHPLACE (city or town) (State or country) Northumberland Co., Va.

17. INFORMANT Nellie Holt

(Address) 1149 N. Stricker st

18. BURIAL, CREMATION, OR REMOVAL

Place Eastville, Va Date April 5, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder Stin

20. FILED 1935 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15th. 1935 to April 2nd 1935

I last saw h...ed alive on April 1st. 1935 Death is said to have occurred on the date stated above, at 5. a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary T.B.C. — Date of onset Abt. Jan 30th. 19.. 35..

Other contributory causes of importance:

Name of operatinn ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Walter J. Jacobson, M. D.

(Address) 1631 W Franklin St

M. D. B. 1268-9

F 11377

F 11377 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 14th Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Craig

(a) Residence: No. 535 Hoshen St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 16, 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Craig

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Southerland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Craig

(Address) 535 Hoshen St

18. BURIAL, CREMATION, OR REMOVAL

Where Auburn Cem. Date 4-6- 35 19

19. UNDERTAKER Franklin W Seitz

(Address) 909 N. 33rd St

20. FILED ..... 19 ..... Registrar.

5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/5/35 to 4/4/35

I last saw h in alive on 4/3/35 Death is said to have occurred on the date stated above, at 4:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute miliary tuberculosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. Smith M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

B. 11378

B. 11378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry K. Myers

(a) Residence: No. Homewood Apts. Balto. Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche Myers

6. DATE OF BIRTH (month, day, year) Dec 16, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~old. 54~~ 54	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marble Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Springfield Ohio

FATHER

13. NAME Edward Myers

14. BIRTHPLACE (city or town) (State or country) Jugestown Md.

MOTHER

15. MAIDEN NAME Carrie Whitaley

16. BIRTHPLACE (city or town) (State or country) Springfield Ohio

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date 4/10, 1935

19. UNDERTAKER H Barnhard & Son
(Address) Westminster Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-4-35, 19 to 4-4-35, 19

I last saw him alive on 4-4-35, 19 Death is said to have occurred on the date stated above, at 11 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Cerebral Hemorrhage	
Auricular Fibrillation	

Other contributory causes of importance:

Chronic Arteriosclerotic cardio-vascular disease with Myocardial degeneration	

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh B. McNally, M. D.

(Address) University Hospital

M. D. B 1268-9

F 11379

11379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. dead on arrival at Hopkins Hospital St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Johnson

(a) Residence: No. 1482 Ulrich Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	??

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME "
14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Eastern Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date April 5, 1935

19. UNDERTAKER .....
(Address)

20. FILED 5 1935 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from bullet wound of Abdomen and heart	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? homicide injury ..... 19 .....
Where did injury occur? Balto., Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in bar & lunch room at Pratt & Caroline Sts
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.
Coroner
(Address) 5086 Ronns

M. D. B 1268-9

F 11380

F 11380 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 183

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found in Harbor

CITY OF BALTIMORE: (No. 3 Pier Pratt St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME .....

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W67

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date June 5, 1935

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on June 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident Date of injury, June 19
Where did injury occur? Baltimore City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Pier 3 Pratt
Manner of injury Drowning
Nature of injury Unk

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James M Hanlon, Jr. M. D.
Coroner
(Address) 700 E Chase

M. D. B. 1270

F 11381

F 11381

HEALTH DEPARTMENT—CITY OF BALTIMORE

296550

CERTIFICATE OF DEATH

141-95B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Knight

(a) Residence: No. 1914 E. Biddle St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/22/92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Alex. Croxton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lora Wilson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ship to Grumbay Va. Date April 5th 1935

19. UNDERTAKER Mrs. Robert A. Elliott & Daughter

(Address) 1129 Caroline St.

20. FILED 5-1935, 19 ..., by ..., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1935 to April 2, 1935

I last saw h[illegible] alive on April 2, 1935 Death is said to have occurred on the date stated above, at 7.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Hypertensive heart disease	1) 1 yr
2) Septic abortion with ensuing thrombosis of uterine veins, round ligament, L.L. femoral, inferior vena cava & left pulmonary artery	2) Mar 10 1935

Other contributory causes of importance: Pneumonia, Lobular, Apex Mar 10/35 Johns Hopkins Hosp

Name of operation [illegible] Date of 3-11-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Nupta Swan Coons M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 11382

11382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 115-a

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Deloris M. Rausch.

(a) Residence: No. Leeds Ave & 1st St. Arbutus, Md. Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 25, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	2	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank M. Rausch.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Caroline Dresline.

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Frank M. Rausch. (father)
(Address) Leeds Ave & 1st St. Arbutus.

18. BURIAL, CREMATION, OR REMOVAL Loudon Sadler 4/6/35
Date

19. UNDERTAKER Engle & Talley
(Address) Arbutus Maryland

20. FILED 5-1935, 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) April 3, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___. Death is said to have occurred on the date stated above, at 11.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus sore throat.	
Septicaemia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

4/4/35 (Address) 1017 E. Charles St.

AACo. 5-H 250B

✓ F 11383

11383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 W. Pratt St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Nellie Coale

(a) Residence: No. 928 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wyvill Coale

6. DATE OF BIRTH (month, day, year) April 15, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) October, 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Washington Thorpe

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Ellen Mullen

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Brother. John Joseph Thorpe

(Address) 928 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Friday Eve Date 1/8/1935

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Fallsway St.

20. FILED 5 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1935, to April 5, 1935

I last saw her alive on April 4, 1935 death is said to have occurred on the date stated above, at 2:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	?
Chronic Myocarditis	?
acidosis	

Other contributory causes of importance:

Uremia, Toxemia, Hypertension. Psoriasis.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Beauth Lenson-Lawlros, M. D.

(Address) 1224 Bloomingdale Road

M. D. P. 1268-9

F 11384

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11384

CERTIFICATE OF DEATH

47-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3740 Old York Road (Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel H Horsey

(a) Residence: No. 3740 Old York Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or ~~WIFE~~ of) Ida Gilbert

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensboro Caroline Co Md

FATHER

13. NAME James Horsey

14. BIRTHPLACE (city or town) (State or country) Greensboro Caroline Co. Md

MOTHER

15. MAIDEN NAME Phoemia Willis

16. BIRTHPLACE (city or town) (State or country) Greensboro Caroline Co Md

17. INFORMANT Mrs S. Horsey
(Address) 3740 Old York Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date April 6 1935

19. UNDERTAKER Mary M Medefield
(Address) 2016 22nd St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1934 to 4 - 3 - 1935

I last saw him alive on 4 - 3 - 1935. Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma rt. lung	?
Other contributory causes of importance: Pulmonary Effusion Atelectasis rt lung Cachexia	Dec 34

Name of operation clin + Xray Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Kenneth Emmanuel, M. D.

(Address) 1212 St Paul St

INSTRUCTION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 11385

11385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1763 Homestead St., 9 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... da.

2. FULL NAME Della V Roddy

(a) Residence: No. 1763 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Michael Roddy

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Sarah Moran

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs McHale

(Address) 1763 Homestead

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemy Date April 6 1935

19. UNDERTAKER May M Medford

(Address) 850 E 22 St

20. FILED APR 6 1935 Harry L. Feldman Registrar

OCCUPATION IS VERY Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1935 to April 4, 1935

I last saw h[illegible] alive on April 3, 1935 Death is said to have occurred on the date stated above, at 3 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 d.
Broncho Pneumonia	3 d.
Hypertension	7 d.
Chronic Nephritis	7 d.

Other contributory causes of importance:

Chronic Interstitial Nephritis	7 d.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. F. A Stevens, M. D.

(Address) 2878 Stanford Av

M. D. B 1268-9

E 11386

HEALTH DEPARTMENT—CITY OF BALTIMORE

11386

CERTIFICATE OF DEATH

210-9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Martha Davis

(a) Residence: No. 433 E 25th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Davis

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 0039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME J. Brady

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Davis
(Address) 2623 Greenmount Ave

18. BURIAL, CREMATION OR REMOVAL
Place Loudon Park Date April 6. 19 35

19. UNDERTAKER Mary M Mugiford & Co
(Address) 501 E 22nd St

20. FILED 5-1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Injury . 19 . to . 19 .

I last saw h. alive on Injury 19 . Death is said to have occurred on the date stated above, at 4.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Right Foot	
Streptococcus Septicemia	

Other contributory causes of importance:

Stuck by Automobile

Name of operation None Date of

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/28 . 1935

Where did injury occur? Greenmount Ave & 25th St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Stuck by automobile

Nature of injury While walking in street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Adcomy Coroner M. D.

(Address) 2200 E Madison St

M. D. B. 1268-b

F 11387

HEALTH DEPARTMENT—CITY OF BALTIMORE

11387

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Park Ave St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 9 ds. How long in U. S. If of foreign birth? 60 yrs. 5 mos. 9 ds.

2. FULL NAME Edwin Cuyle

(a) Residence: No. 1707 Parkave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eleanor Davidson Cuyle

6. DATE OF BIRTH (month, day, year) Aug 25 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Materials

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Edwin Cuyle

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

15. MAIDEN NAME Katherine Emmanuel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Eleanor D Cuyle (wife)

(Address) 1707 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April-6 1935

19. UNDERTAKER Stewart & Sons Co.

(Address) 10 E Mosher

5 1935 Washington D.C. Apr 6

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Thurs April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on Friday 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Was bedridden for about 2 years. Fell on stairway.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury April 4 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H Feuk Coroner M. D.

(Address)

M. D. B. 1268-9

F 11388

HEALTH DEPARTMENT—CITY OF BALTIMORE

11388

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 N. Charles St St., 12 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Annie Devries

(a) Residence: No. 3333 N. Charles St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Christian Devries

6. DATE OF BIRTH (month, day, year) 4/7/1858

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	76	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville, Ky

FATHER

13. NAME Julius Winter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elise Hultzman

16. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

17. INFORMANT Mrs Leslie Breese

(Address) 3 W Charles Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 4/6/35 19..

19. UNDERTAKER J. H. Jenkins Bro

(Address) 1711 Eutaw St

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 1930 19.. to 4-7 1935

I last saw her alive on 4-7 1935. Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
HYPERTENSION	
CEREBRAL HEMORRHAGE	4-3-35

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L Dorsey M. D.

(Address) 1129 E Pratt St

M. D. B 1266 F 11389 ✓ F 11389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4009 Evans Chapel Rd St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Earl Frantom

(a) Residence: No. 4009 Evans Chapel Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Callipta F. Frantom

6. DATE OF BIRTH (month, day, year) Sept 8, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " "

10. Date deceased last worked at this occupation (month and year) Sept. 1933

11. Total time (years) spent in this occupation 3 years

12. BIRTHPLACE (city or town) (State or country) Carroll County Md

FATHER

13. NAME Joseph Edward Frantom

14. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

MOTHER

15. MAIDEN NAME Anna B. Smith

16. BIRTHPLACE (city or town) (State or country) Carroll County Md

17. INFORMANT Mrs Earl Frantom
(Address) 4009 Evans Chapel Rd.

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hanglan Date April 8, 1935

19. UNDERTAKER L. Simmons Webster
(Address) 3615-17 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1935, to April 5, 1935

I last saw him alive on April 5, 1935. Death is said to have occurred on the date stated above, at 1.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, Bilateral	Dec. 25, 1933
Other contributory causes of importance:	
Tubecular Laryngitis	March 1934

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Allen Deckert, M. D.

(Address) 1123 St. Paul St.

M. D. B 1268-9 F 11390

F 11390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Dellwood Ave. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin A. Patterson

(a) Residence: No. 1424 Dellwood Ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida J. Patterson

6. DATE OF BIRTH (month, day, year) Jan 17, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ob6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Samuel Patterson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Annie Bohn

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Ida J. Patterson

(Address) 1424 Dellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date April 8, 1935

19. UNDERTAKER Chenoweth Son

(Address) 3415-17 Chestnut Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to April 4, 35

I last saw him alive on April 4, 35 Death is said to have occurred on the date stated above, at 3 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	3 yrs
Carcinoma of Kidneys	5 yrs
Myocarditis & Chronic duration	4 yrs
Carcinoma	4 yrs
Influenza	May 1st

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Keary M. D.

(Address) 1608 Dorsey Road

M. D. R. 1265

F 11391

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11391

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hosp. 9 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Leiben

(a) Residence: No. 1412 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward F. Leiben

6. DATE OF BIRTH (month, day, year): February 9 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Franklin Pimple

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Martha Smith

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: West Chester Pa Date: April 8, 1935

19. UNDERTAKER: Robert S. Little
(Address) 2700 Edmondson Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-5-35

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1935, to 4-5, 1935

I last saw h[illegible] alive on 4-4, 1935. Death is said to have occurred on the date stated above, at 6:10 P.M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Papillary cystoma Ovary	

Other contributory causes of importance:

Myocardial insufficiency	

Name of operation: Laparotomy Date of: 3-30-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Dudley, M. D.

(Address) Md. Gen. Hosp.

M. D. B 1268-9

F 11392

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11392

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beamer Summers

(a) Residence: No. 738 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3-1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Beamer Summers

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Petrea Zeller

16. BIRTHPLACE (city or town) (State or country) Wash D.

17. INFORMANT Beamer Summers
(Address) 738 W North Ave

18. BURIAL, CREMATION, or REMOVAL
Place Mt Olivet Cemetery Date April 6, 1935

19. UNDERTAKER Charles S. Black
(Address) 742 W. North Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	April 4-1935

Other contributory causes of importance:

Fell from chair.	March 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fall from Chair

Nature of injury Concussion of Brain

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. C. Guth M. D.
Coroner

(Address) Home

M. D. B. 1934-3

F 11393 -

✓ F 11393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EDGAR H. Gilds

(a) Residence: No. 2835 W. North Ave St., Ward Balto. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 6/82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry. Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Sydenham Hosp.

10. Date deceased last worked at this occupation (month and year) 6041

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John D. Childs.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sophronia Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Herbert Harvey

(Address) 1822 Ashburton Ave

18. BURIAL, CREMATION, OR REMOVAL Druidge Ridge Date 4/8th 1935

19. UNDERTAKER Mrs Chas A. Rohde

(Address) 2337 Edmondson Ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-23-35 . 19 . to 4-5-35 . 19 .

I last saw h[illegible] alive on 4-5-35 . 19 . Death is said to have occurred on the date stated above, at 8 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis	
Empyema Right	
Pneumonia Right	about

Other contributory causes of importance:

Pneumococcic Septicemia

Name of operation Thoracotomy Date of 3/4/35

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury . 19 .

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh B. McNally M. D.

(Address) University Hosp.

OCCUPATION IS VERY important. See instructions on BACK OF CERTIFICATE.

M. D. B 1268-9

11394

HEALTH DEPARTMENT—CITY OF BALTIMORE

11394

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bonna Ave & Preston St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert S. Oathank

(a) Residence: No. 96 W. Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Elora D. Oathank

6. DATE OF BIRTH (month, day, year) June 12th 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Meridan Miss.

FATHER

13. NAME Albert A. Oathank

14. BIRTHPLACE (city or town) (State or country) Boston Mass

MOTHER

15. MAIDEN NAME Jennie L Simmons

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Elora D. Oathank
(Address) 96 W. Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Lynchburg Va. Date 4/7 1935

19. UNDERTAKER W. H. Kirk
(Address) 1314 E. Fayette St

20. FILED APR 6 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-9

F 11395 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11395

CERTIFICATE OF DEATH

47-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Aubel

(a) Residence: No. 624 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~wife of~~ Katherine A. Aubel

6. DATE OF BIRTH (month, day, year) Jan 20 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder 60 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mahenry Fur Co

10. Date deceased last worked at this occupation (month and year) Jan 1930

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Aubel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Hackmann Kauff

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 8 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED APR 6 - 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/1/35 . 19 . to 4/5/35 . 19

I last saw h~~im~~ alive on 4/5/35 . 19 Death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	4/5/35
Other contributory causes of importance: Carcinomas of larynx	2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Md If so, specify

(Signed) E.S. Campbell . M. D.

(Address) Mercy Hospital

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11396

CERTIFICATE OF DEATH

F 11396

186-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4807 Grindon Ave St., 27 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Benser

(a) Residence: No. 4807 Grindon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carl R.

6. DATE OF BIRTH (month, day, year) April 7/1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ernest Bannert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Stamm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl R. Benser

(Address) 4807 Grindon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lochraine Date 4 6 35

19. UNDERTAKER O'Connor

(Address) 1217 E Lombard

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	
Other contributory causes of importance: Fractured left hip	Feb 9/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Injury Feb 9 /35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury slipped and fell in

Nature of injury pantry of home

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. O'Connor, Coroner, M. D.

(Address) 508 E Fayette

M. D. B 1268-9

11397

HEALTH DEPARTMENT—CITY OF BALTIMORE 11397

CERTIFICATE OF DEATH

94-B
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Cleveland St. 21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Cook

(a) Residence (No. 1139 Cleveland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna A. Cook

6. DATE OF BIRTH (month, day, year) Nov. 9. 1872.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Mfgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Cook
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna A. Cook
(Address) 1139 Cleveland st.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 6 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Apr 4 1935
Other contributory causes of importance: Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jos L. Valentine M.D.
Coroner

(Address) 16 Bond Broadway

M. D. F. 1268-9

11398 HEALTH DEPARTMENT—CITY OF BALTIMORE 11398

CERTIFICATE OF DEATH

133 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 76 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Smith.

(a) Residence: No. 3315 O Lee St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pauline.

6. DATE OF BIRTH (month, day, year) 7/29/77.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57.	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K of C Hall.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 8/62

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME George Md.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Md.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records B C H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loby Rodeman Date 4-8 1935

19. UNDERTAKER Tilly & Turner
(Address) 405 S Wolfe

20. FILED 1935 Registrar

By Huntington Pollard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1935 to 4/4 1935

I last saw him alive on 4/4 1935 Death is said to have occurred on the date stated above, at 8 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Pyelonephritis	4 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Pard.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

11399

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11399

CERTIFICATE OF DEATH

91-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Amend.

(a) Residence: No. 900 S. Highland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/8/1915.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19.	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Will Amend

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Eliz Dougherty

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Dept.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Apr 9, 1935

19. UNDERTAKER Lilly & Zeigler

(Address) 405 E. North Ave.

20. FILED MAY 6 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1935 to 4/5, 1935

I last saw him alive on 4/5, 1935 Death is said to have occurred on the date stated above, at 8 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial Endocarditis.	2 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1263-9

F 11400 ✓ F 11400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2046 Wilkens Ave. St. 70 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis A. Zefel

(a) Residence: No. 2046 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary A. Zefel

6. DATE OF BIRTH (month, day, year) May 7 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	63	10	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Zefel

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Barbara Zell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary A. Zefel

(Address) 2046 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 6 1935

19. UNDERTAKER F. B. Herbert & Son

(Address) 1305 Eutaw Place

20. FILED Apr 6 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on Inguiry 19.. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolis	Apr 3 1935

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of ..... What test confirmed diagnosis? Inguiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wm. L. Valentine M.D. Coroner

(Address) 16 E. Lexington

M. D. B. Fs-9 F 11401 ✓ F 11401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5708 Park Heights Ave. St., 27 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U/S. If of foreign birth yrs. mos. ds.

2. FULL NAME Ernestine Hessenschmidt

(a) Residence: No. 5708 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE: Louis Hessenschmidt

6. DATE OF BIRTH (month, day, year): Sept 27-1868

7. AGE: Years 66 | Months 6 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Gustav Linky

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Louis Hessenschmidt 5708 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Date 4/6/35

19. UNDERTAKER (Address): F. S. Wyvill & Son 1300 Eutaw Place

20. FILED 4/6/35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5/35

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1935 to April 3 1935.

I last saw her alive on April 3rd 1935. Death is said to have occurred on the date stated above, at 4.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Bladder	Unknown
	about 1
Other contributory causes of importance: Metastatic extension of the Carcinoma to abdominal Viscera	Unknown

Name of operation None Date of

What test confirmed diagnosis Physical & Biological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Ensor M. D.

(Address) 4926 Park Heights Ave

OCCUPATION is very important. See instructions on back of CERTIFICATE.

M. D. B. No. F 11402 ✓ F 11402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

* 96

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornistead Field

(a) Residence: No. Ingleside Ave, Woodlawn Md St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Field

6. DATE OF BIRTH (month, day, year) May 14, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54		10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trucking (Rubbish)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Dr P. S. Field

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosalie Buckley

16. BIRTHPLACE (city or town) (State or country) New Orleans

17. INFORMANT Frank Field

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 8, 1935

19. UNDERTAKER Frank H. Meyer & Son

(Address) Catonsville, Md.

20. FILED April 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1935, to 4/5, 1935

I last saw him alive on 4/5, 1935 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of Aorta	
Bronchiectasis & Lung Abscess	
Other contributory causes of importance:	
Chr	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible]

F 11403

F 11403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 E. 20th. St., 9 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Charles Emil Brack

(a) Residence: No. 500 E. 20th. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Grob

6. DATE OF BIRTH (month, day, year) Oct. 19, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles E. Brack

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Treulieb

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mary G. Brack
(Address) 500 E. 20th. St.

18. BURIAL, CREMATION, OR REMOVAL Cemy.
Place New Cathedral Date 4/6/35. 19

19. UNDERTAKER John O. Mitchell' Sons -
(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from January 2nd . 1935 . to April 4th . 1935

I last saw h[illegible] alive on April 4th . 1935 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic and Hypertensive Heart Disease	Unknown
Failure / insufficiency	
Relative Mitral Insufficiency	
Other contributory causes of importance:	
Reported attacks of Paroxysmal cardiac dyspnea and acute pulmonary edema	2 yrs / 1 month

Name of operation Not applicable Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Thomas Bennett Wolff M. D.

(Address) 11 E. Chase St.

[illegible] 10-1935

M. D. B. 1368-9 F 11404 ✓ F 11404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 W. Lexington St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Dyson

(a) Residence: No. 834 W. Lexington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Newborn

6. DATE OF BIRTH (month, day, year) April 5, 1935

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 47 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newborn

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John S. Dyson

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Ethel Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Ethel Dyson
(Address) 834 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 6th, 1935

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1935 to April 5, 1935

I last saw him alive on April 5, 1935. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 11405

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11405

CERTIFICATE OF DEATH

✓ X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs William H. Merrill

(a) Residence: No. 105 Laval St St., ... Ward. Pocomoke Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ezra B. Merrill

6. DATE OF BIRTH (month, day, year) Jan 12 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocomoke City Md

FATHER

13. NAME Alfred Merrill

14. BIRTHPLACE (city or town) (State or country) Pocomoke City Md

MOTHER

15. MAIDEN NAME Harriett Lambden

16. BIRTHPLACE (city or town) (State or country) Pocomoke City Md

17. INFORMANT Mrs Anna V Merrill Daughter
(Address) Pocomoke City Md

18. BURIAL, CREMATION, OR REMOVAL
Presbyterian Church Date April 7 1935

19. UNDERTAKER Vernon Stevenson
(Address) Pocomoke City Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 5 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 - 1 - 1935 to 4 - 5 - 1935

I last saw him alive on 4 - 5 - 1935 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral confluent pneumonia	
	owl

Other contributory causes of importance:
Thrombosis of iliac vein

Name of operation Exploratory Date of 4/2/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jos. B. Sedlacek, M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. Records

F 11406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N. Bruce St., 16 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Page Scott.

(a) Residence: No. 709 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	col.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Scott.

6. DATE OF BIRTH (month, day, year) Dec. 24, 1888

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	46	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Millwood, Va.

FATHER

13. NAME Edw. Strange

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Alice Strange

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT H. M. Strange. (Address) Harrisburg. Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date April 8 1935

19. UNDERTAKER Emil E. Groetzinger Son (Address) 638 N. Gilmor

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 1935, to Apr. 5, 1935

I last saw her alive on Apr. 5, 1935. Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/3/35

Other contributory causes of importance:

none

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C. M. Pigott M. D.

(Address) 1536 W. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

F 11407

F 11407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 S Washington St., V Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Nowak

(a) Residence: No. 520 S Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Peter Novak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonina Hudzik

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Antonina Nowak.
(Address) 520 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date April 8 1935

19. UNDERTAKER F W Ozarowski.
(Address) 1930 Eastern Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Nec Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. Gilmore Raynard M. D.
Coroner

(Address) 1205 2 Patterson Park Ave

M. D. F 1269-9

11408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11408

CERTIFICATE OF DEATH

X 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William P. Brent

(a) Residence: No. Shelby, N. C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 31- 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. & S. Trucking Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bluefield W. Va.

FATHER

13. NAME Kimball Brent

14. BIRTHPLACE (city or town) (State or country) New Mexico

MOTHER

15. MAIDEN NAME — Rada

16. BIRTHPLACE (city or town) (State or country) New Mexico

17. INFORMANT Mrs G. H. Patterson
(Address) Covington Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Covington Va. Date April 8, 1935

19. UNDERTAKER John S. Connelly
(Address) Essex Md

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from
March, 19... to ..., 19...
I last saw him alive on March, 19... Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/6, 1935
Where did injury occur? Philadelphia Rd, nr Odell Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Automobile Truck in which he was riding collided with another
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner, M. D.
(Address) 2200 E Madison St

M. D. B. 1368-9

F 11409

11409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp't St., ... Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Jones

(a) Residence: No. Reisterstown St., ... Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie A. E. Jones

6. DATE OF BIRTH (month, day, year) April 3 1878

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
57		2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter 001-5

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co

FATHER

13. NAME Lewis Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E Gist

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) John M Gist Owings Mills Md

18. BURIAL, CREMATION, OR REMOVAL

Place Emory Cem Date April 6 1935

19. UNDERTAKER (Address) J. F. Cline & Sons Reisterstown Md

20. FILED 6 1935 Reisterstown Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-4-1935 to 4-6-1935

I last saw h[illegible] alive on 4-6-1935 Death is said to have occurred on the date stated above, at 2:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar Pneumonia	1924. 4-3-35

Other contributory causes of importance:

Arterio sclerosis

Name of operation — Date of 0-0

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. L. Jones, M. D.

(Address) Reisterstown Md

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

F 11410

HEALTH DEPARTMENT—CITY OF BALTIMORE

11410

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 Fairmount ave St., 14 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelius Pembleton

(a) Residence: No. 1535 Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Widower

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 3 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William Pembleton
14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Adeline Smith
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Milton Creek
(Address) 521 Archer Street

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date April 6 1935

19. UNDERTAKER Joseph A Lucky
(Address) 1611 N. Mount Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6/35

22. I HEREBY CERTIFY, That I attended deceased from 3/30/35, to 4/6/35
I last saw him alive on 4/5/35 death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/4/35

Other contributory causes of importance:

Arterio-Sclerosis	

Name of operation none Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Jones Tompkins M. D.
(Address) 1511 N. Carrollton Ave

OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

11411

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11411

CERTIFICATE OF DEATH.

REGISTERED NO. 75

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hosp. Ward) 2

2-FULL NAME John R. La Fore Jr

(a) RESIDENCE NO. 817 S Bond St. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (Write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary La Fore

6 DATE OF BIRTH (month, day, and year): Aug. 29 1890

7 AGE: Years 44 Months Days

IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Navy

(c) Name of employer

9 BIRTHPLACE (city or town): New Haven Conn.

(State or country)

PARENTS

10 NAME OF FATHER: John R. La Fore

11 BIRTHPLACE OF FATHER (city or town): New Hampshire Conn

(State or country)

12 MAIDEN NAME OF MOTHER: Mary Foley

13 BIRTHPLACE OF MOTHER (city or town): New Hampshire Conn

(State or country)

14 Informant: Mary La Fore

(Address) 327 Pecan St - West Haven Conn

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Apr. 5 192 3

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Alcoholism

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) [illegible] M. D.

(Coroner)

, 19 (Address) 1203 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

In this place ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... d

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Conn-New Haven Conn.

Date of Burial: April 6

20 UNDERTAKER: John C. Miller

ADDRESS: 2435 E. Oli

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6-1935

M. D. P. 1268-9

F 11412

11412 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial St., bOrg (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr Charles Alexander Williams

(a) Residence: No. 605 E. Joppa Road St., ... Ward. Towson MD
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret May Williams

6. DATE OF BIRTH (month, day, year) July 29 1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia Pa
(State or country)

FATHER

13. NAME Isaac Williams

14. BIRTHPLACE (city or town) Philadelphia Pa
(State or country)

MOTHER

15. MAIDEN NAME Matilda Missick

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Phila. April 6th 1935
Place Woodland Cem. Date

19. UNDERTAKER Wm Sperry & Sons
(Address) North & Penna Ave.

20. FILED ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-30-35 to 4-6-35, 19...

I last saw him alive on 4-5-35, 19... Death is said to have occurred on the date stated above, at 12:45 A. m.

The principal cause of death and related causes of importance were as follows:

Prostatic hypertrophy with Uremia and urinary retention — Date of onset ? 3-1-35 acute

Other contributory causes of importance: Myocardial failure Senile deterioration — 4-4-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John Whitridge M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

11413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11413

107-35

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Seidle

(a) Residence: No. Dorsey Ave. Essex, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 6-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	X	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John Seidle

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Hunder

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. John Seidle

(Address) Steward Ave. Essex Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date April 7 1935

19. UNDERTAKER John G. Connelly

(Address) Essex Md.

20. FILED ... Huntington Williams ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3 1935 to April 4 1935

I last saw him alive on April 4 1935 Death is said to have occurred on the date stated above, at 1.55 p m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia, bilateral, primary — Date of onset 3/29/35

Other contributory causes of importance:

Pulmonary edema

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Hurwitz M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

C-1035

AACo. 5-31 250B

E 11414

11414

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 53-D

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Lakeside Avenue St., 9 Ward)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 28 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Mary Conrad

(a) Residence: No. 1719 Lakeside Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Conrad

6. DATE OF BIRTH (month, day, year) Aug. 7, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Carl Lauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Posther

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. John A. Schmid 1719 Lakeside Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date April 8 1935

19. UNDERTAKER
(Address)

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th, 1935 to April 5, 1935
I last saw h[illegible] alive on April 5 1935 death is said to have occurred on the date stated above, at 7 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lower End right femur - with metastasis to skull and Left Lung.	Jan 1935
Other contributory causes of importance: Paget's disease (of bone)	10 yrs (?)

Name of operation no Date of
What test confirmed diagnosis biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Wm R. Geraghty M. D.
(Address) 10 E. Biddle St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11415

11415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Schmalgemeyer

(a) Residence: No. 4332 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 8-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Emil Schmalgemeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kate Frank

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frederick Schmalgemeyer

(Address) 1623 Lansing Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 8 1935

19. UNDERTAKER Wm. Cook

(Address) 12 E. St. Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) apr. 5 - 1935

22. I HEREBY CERTIFY That I attended deceased from April 1928 to April 5 1935

I last saw her alive on apr. 5 1935. Death is said to have occurred on the date stated above, at 6:05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	11 yrs

Other contributory causes ~~of importance~~:
~~External Cause (Autopsy).~~
Enteric-Colitis. Pheumonia
& bowel. Cause unknown.

Name of operation ..... Date of .....

What test confirmed diagnosis Fundings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Duncan P. Alagia M. D.

(Address) 332 Fondiesdun

OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. B. 1268-9

(Oscar) ✓ F 11416

11416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3427 Wenrose Pl St., 17 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Oscar Williamson

(a) Residence: No. 3427 Wenrose Pl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) about 1881

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——— do

10. Date deceased last worked at this occupation (month and year) ✕

11. Total time (years) spent in this occupation ✕

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

FATHER

13. NAME Robert Williamson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore MD

17. INFORMANT Jesse Chesley

(Address) 350 Central Ave Yard

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 8 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 5 - 35

Other contributory causes of importance:

Name of operation Autopsy Date of April 5 - 35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph L. Yohe M. D.
Coroner

(Address) 16 So Howard

M. D. B 1268-9

✓ F 11417

11417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2302 Bryant St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hanale Neuburger

(a) Residence: No. 2302 Bryant St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Neuburger

6. DATE OF BIRTH (month, day, year): Dec 26-1856

7. AGE: Years 79 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min. 11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: David Lamb

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Bessie Rothman

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Edward Neuburger
(Address): 2302 Bryant St

18. BURIAL, CREMATION, OR REMOVAL
Place: Bals Hebrew Date: 4/7/35

19. UNDERTAKER: Jack Levin Inc
(Address): 1439 E. Balto St

20. FILED 7 1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 6th 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
that saw h... alive on Apr 6th 19 35. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — 1 year

Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner ... M. D.

(Address) Baltimore

M. D. F. 1268-9

11418

F 11418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp · St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Minley (Munley)

(a) Residence: No. 1136 May St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Head Date 4/7 1935

19. UNDERTAKER Stanley Lee

(Address) 1318 Light St.

20. FILED 4-7-1935 Hamilton Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1935 to 3/30, 1935

I last saw her alive on 3/30 1935 Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reile M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 2

M. D. B 1268-9

F 11419

11419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 N Calvert St., 17 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rachael Feder

(a) Residence: No. 1417 N Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Feder

6. DATE OF BIRTH (month, day, year) unknown 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Herman Switzer

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Berger

(Address) 1417 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Md Date 4/7, 1935

19. UNDERTAKER Sterrett Bros

(Address) 1726 Eutaw St

20. FILED 7 1935, 19 Huntington Pikesville, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on June 5, 1934, 19... Death is said to have occurred on the date stated above, at Baltimore

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture neck of R. Femur, fall on floor - her home accident	1 Mo.
Other contributory causes of importance: Bronchio Pneumonia	5 da.

Name of operation Clinical Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? yes Date of injury Mar 6 1935

Where did injury occur? at her Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1417 N Calvert St

Manner of injury fall on Floor -

Nature of injury fractured Hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James M Fenlon M. D. Coroner

(Address) 1006 E Chase St

F 11420 ✓ F 11420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2439 E Federal St., 8 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Pirie

(a) Residence: No. 2439 E Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm M Pirie

6. DATE OF BIRTH (month, day, year): Mar 14 1865

7. AGE: Years: 70 | Months: 1 | Days: 19 | If LESS than 1 day, hrs. or min.: ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James Crowley

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Dunford

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Carrol Pirie
(Address) 2439 E Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Date April 9th 1935

19. UNDERTAKER: Geo G. Lynch
(Address) 1103 N Patterson Park Ave.

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 4 1935 to Apr 6 1935

I last saw h... alive on Apr 5 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset: ...

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jno T Fisher M. D.

(Address) 1812 E Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 15th DAY September

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #408001 - JAN. 2, 1935 AND

ENDING WITH #11420 APR. 1, 1935 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

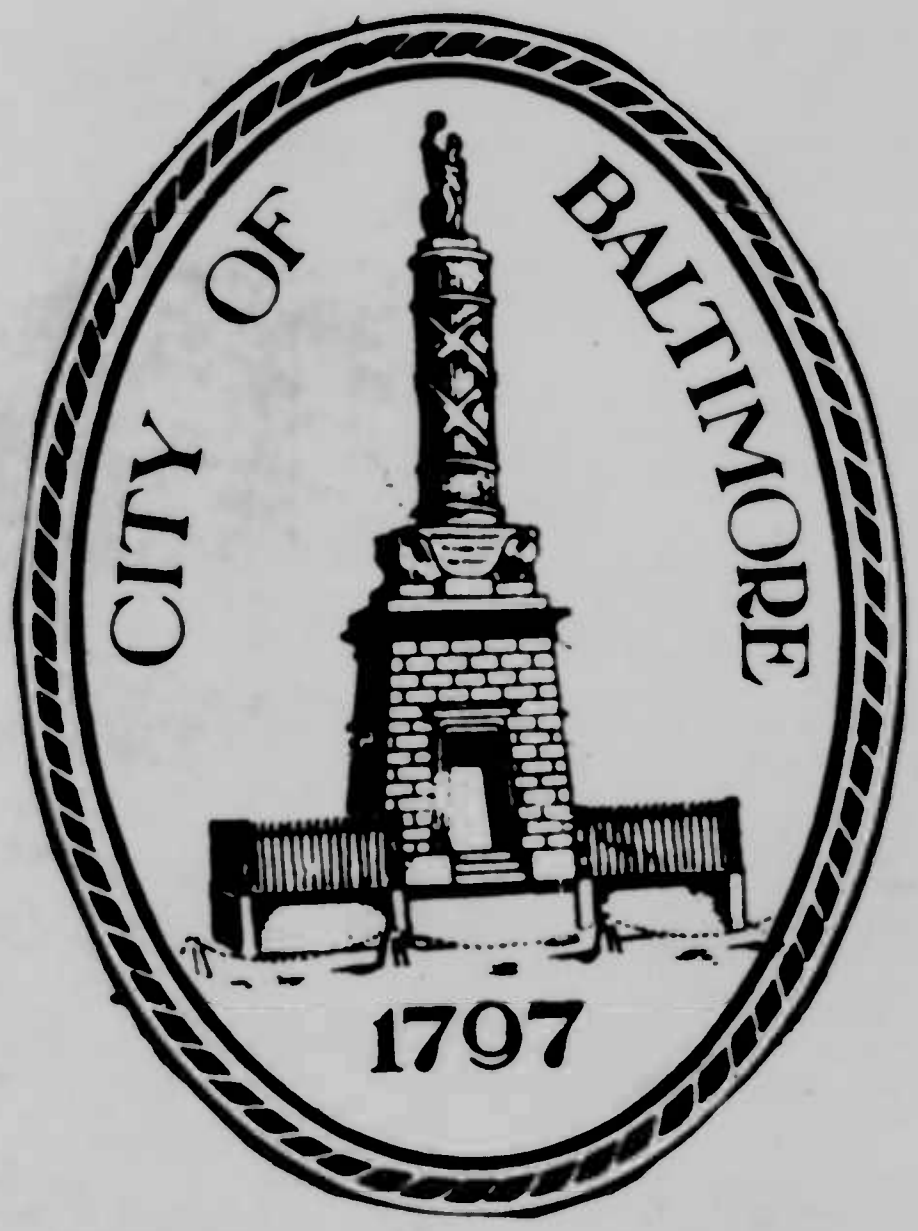
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. MacFaul



END OF REEL